ABSTRACT OF

Lectures

ON

DISEASES AND INJURIES OF THE EAR.

Delivered in St. George's Hospital,

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LECTURES V. & VI.

As a rule, the use of the Eustachian catheter is required more frequently in affections of the tympanum than in those of the Eustachian tube; but sometimes, when the obstruction of the tube is so severe as not to yield to other methods, it is necessary to employ it; and, in addition to inflation of the tympanum, by means of it injections are sent into this cavity. The catheter may be made of either silver or vulcanite. The first kind can be bent to any curve required, and the latter are inflexible except on being exposed to heat, when they can be curved as may be necessary, and become inflexible on cooling. So long as the catheter does not bend while being used, it is not important what it is made of. Four or five different sizes are quite enough. The metal ring shows the position of the instrument in passing it—whether the curve is turned to the right or left, upwards or downwards. The other end is made somewhat conical, so as to fit the nozzle of an india-rubber bag which is employed in injecting air or fluid into the middle ear.

The mode of passing the catheter is as follows:—Place the patient in a chair, and let him lean back in it; steady his head with the left hand firmly fixed on the top of it; hold the catheter lightly in the right hand, with the curve downwards, and pass it quickly in this position through the inferior meatus of the nose to the posterior wall of the pharynx. When this is felt, withdraw the catheter about half an inch, and tilt the point of the curved end rather upwards and to the left or right according to the side which is beingoperated upon. Now hold the catheter and end of the patient's nose steadily between the thumb and the first two fingers of the left hand. All this time the ear of the patient and surgeon are connected with the otoscope. The point of the catheter is now supposed to be in the pharyngeal orifice of the Eustachian tube, but the only certain sign that this is the case is that when air is forced into the catheter it will be heard by the operator through the otoscope to have impinged with each inflation on to the tympanic membrane. This, the most common, method of using the Eustachian catheter is the best. A plan was suggested some little time ago by Dr. Sowenberg. The catheter was passed, as before, to the back of the pharynx; the point was then turned inwards, and withdrawn till it stopped by being hooked round the vomer; the catheter was then turned completely round, and so the position of the orifice of the tube determined. To learn to pass an Eustachian catheter, it should be done first on a vertical section of the head (a moist preparation) in the way first described, so that each movement can be watched, and the opening of the Eustachian tube seen. A cloth may then be arranged so as to hide the opening from view, and removed to see if the point of the catheter is in the right place. After this it should be practised on the living. The chief mistakes made by beginners are, not keeping the catheter close to the floor of the inferior meatus of the nose, thus getting it into the middle meatus, and, when it has reached the pharynx, not withdrawing it sufficiently before it is turned outwards. It is well to get into the way of passing it through the meatus as rapidly as possible, for this is to the patient the most disagreeable part of the operation. It is remarkable how little discomfort it causes to some persons, and how much others object to it. Although a somewhat disagreeable, it is not a painful proceeding, and after the catheter has been used a few times it is tolerated without much inconvenience. A stream of air may be sent through the catheter either by blowing through it with the mouth or using the india-rubber bag. One plan is about as good as the other; for the advantage derived by using the breath, on account of its temperature, is not appreciable. The bag is more convenient; a stronger stream of air can be sent by its means, and if injection of fluid is required, its employment becomes necessary. Occasionally some considerable difficulty is met with in introducing the catheter. This is chiefly the case when the septum of the nose is placed obliquely, and the deviation is generally towards the left side. If this be so much as to prevent altogether the passage of the catheter, and if it be imperative to use it for this side, the catheter must be bent to a greater curve, and introduced through the right inferior meatus of the nose. Such occasions are, however, very rare.

The permanent effects to be apprehended from obstruction of the Eustachian tube, either at the faucial or tympanic orifice, are always due to neglect. Persons get deaf during a cold, remain so for a few days, and recover without treatment. In future they or those who have witnessed this state of things very naturally argue that this is the usual course of events. It is not so. Any obstruction that has persisted for many days (this applies chiefly to adults) is liable to remain more or less, or, at any rate, to make necessary a long course of treatment which would not have been required if attention had in the first instance been given to the case. In other words, a few inflations of the tympanum at the commencement would have placed the patient in the way of recovery. It too often happens that weeks or months are allowed to pass by before relief is applied for, and it is then found that air passes by Politzer's method very imperfectly into the tympanum. Regular inflation should then be practised with the Eustachian catheter. After a little time, air will pass more readily, and the hearing improve proportionately. In some instances at this clinique, after the catheter has been used for several days successively with only slight relief, almost perfect hearing has followed some single inflation. This has been noticed especially when a few drops of a warm solution of soda have been injected into the tympanum the day previously. It appears probable that, the obstruction being at the tympanic orifice of the Eustachian tube, there may have been a small plug of mucus, which, after having being softened by the injection, has been dislodged by the next inflation. It is in some degree confirmatory of this hypothesis that in these cases the hearing remains good without any further treatment. This is a highly mechanical explanation of the phenomenon, but it must be remembered that impaired hearing depends on a mechanical lesion, and that when we are dealing with what we cannot see some speculation as to cause and effect must be permitted.

Non-purulent catarrh of the tympanum may commence in the manner described when speaking of Eustachian obstruction in adults dependent on a relaxed state of the mucous membrane of the throat, and thus the cavity of the tympanum may become involved by extension of the catarrh in this direction, or the tympanum may become affected independently of the Eustachian tube. In either case, repeated attacks of this kind, if allowed to proceed unchecked, are among the commonest causes of confirmed deafness; this symptom being due principally to accumulations of mucus within the tympanum (fluid in the early stages, and becoming inspissated in the later), which by their presence interfere with the proper performance of the functions of the ossicles and tympanic membrane, and also with the conduction of sound through the tympanum to the labyrinth. The course of the affection is somewhat as follows (taken from the case-book):—A healthy man, aged forty, could always hear well until six days ago; he then became slightly deaf on the left side, with some pain in the ear and a feeling of irritation in the meatus. In two or three days the pain, which was never severe, subsided. When seen, he was very deaf to conversation, and could hear a loudly ticking watch at one inch from the ear. The tympanic membrane was opaque, and drawn in more than natural; the short process of the malleus was rather prominent, and a few injected vessels could be seen near the handle of the malleus. The meatus was red and rather tender on introducing the speculum. Gentle inflation was practised every day, on Politzer's method, the hearing improving after each occasion, and in a week he had quite recovered. At first the air as it entered the tympanum did so on the affected side with rather a moist sound, but when he was dismissed it passed into both tympana alike. In this case the swollen

state of the lining membrane had prevented the free ingress of air into the tympanum, and by keeping this cavity inflated until the inflammation had subsided any permanent injury to the hearing was prevented.

There are a few points which are noticeable as presenting a decided difference to what was seen when the Eustachian tube was affected to about the same extent as the tympanum was in this case: the absence of any throat affection, the occasional and slight pain in the ear, the evidence of secretion in the tympanum as heard by the otoscope, the variation from translucency in the membrane, the injected state of its vessels, the redness and tenderness of the meatus. The inflammation beginning in the lining membrane of the tympanum is thus seen to involve in turn the three layers of the tympanic membrane and the meatus. This is the general course of events,—all affections of the tympanic membrane, with very rare exceptions, being secondary to morbid action which has begun either in the tympanum or the meatus. Another appearance seen in these cases is a lessening of the area of the tympanic membrane, which is due to the swelling of the external meatus immediately around, encroaching on the membrane. If the symptoms in the case just related had increased in severity, and the secretion been more copious, the pressure caused in this manner might have resulted in a rupture of the tympanic membrane, even if the secretion had still been strictly of a non-purulent character. One stage farther in the course of inflammation and the secretion would have been purulent. It is a very rare occurrence for the non-purulent to merge into the purulent variety of catarrh of the tympanum, and for this reason they are described as separate diseases. Purulent catarrh generally accompanies one of the exanthemata, or it comes on without any apparent cause in a very sudden manner, and runs a very rapid course, the membrane giving way in a few hours. Speaking generally, the effects which have been found after death in patients who have been the subjects of attacks of non-purulent catarrh of the middle ear are: more or less obstruction of the Eustachian tube, in some cases occlusion; thickening of the lining membrane of the tympanum; moist or dry mucus, either as collections around the ossicles, bands between the ossicles themselves, or between the ossicles and sides of the tympanum; anchylosis of the ossicles, either between each other or between the stapes and fenestra ovalis. Patients who apply for relief after successive attacks of non-purulent catarrh give the same history with some variety of details: periods of deafness occurring at intervals when suffering from colds, or always worse hearing at such times, sometimes accompanied with slight pain in the affected ear; occasional tinnitus. Not too much dependence must be placed on the latter symptom, as it will be shown in another lecture to be present under so many circumstances; but, as a rule, with these cases it is not a favourable symptom. The tympanic membrane will present certain alterations in curvature and translucency. It requires long practice to recognise changes in curvature. In placing side by side two patients, in one of whom the membrane is healthy and translucent, whilst in the other it is opaque, the first impression will be that the healthy is the more concave of the two, when in truth, perhaps, it is the reverse, the change in colour giving it a more flattened appearance. The curvature, too, varies somewhat in individuals, as also does the inclination of the membrane. Of all appearances indicating an abnormal concavity, the most easily recognised is an unusual prominence of the short process of the malleus. Opacities in the tympanic membrane depend upon thickening, and in proportion to the seat of this so will opacity be valuable in diagnosis. As stated in a previous lecture, it is sufficient to regard the tympanic membrane as consisting of a fibrous layer, on either side of which is an external or dermoid layer continuous with the lining of the meatus, and a mucous layer continuous with the lining of the tympanum. In catarrh, it is the last-named layer that is the seat of thickening; but as either of the other two layers may be the one affected, opacity of itself will only be valuable as additional evidence in arriving at an opinion of a case. It is a point quite open to question whether thickening of the membrane is of itself ever a cause of impaired hearing. This structure is subject to the most extensive increase of its substance by the deposit of calcareous matter, and this condition has been observed in many cases where the hearing has been quite good. Undoubtedly in most instances of such deposits (they consist of phosphate of lime) there has been a history of tympanic disease, and the patients are more or less deaf, some extremely so; but it appears probable that the loss of hearing is due to changes within the tympanum, and not in the membrane. At any rate it seems fair to infer this when so many persons have these deposits in the tympanic membrane and hear well. This conclusion has been further strengthened where opportunities have been afforded of examination after death of the ears of persons who have had such changes in the tympanum, and whose powers of hearing have been noted. In these cases where there has been deafness, either slight or extreme, it has been amply accounted for by morbid conditions situated behind the membrane. This is particularly noticeable in a collection of pathological specimens in the General Hospital of Vienna, belonging to Dr. Politzer.

In the course of catarrh of the middle ear when the secretion within the tympanum is very copious, the pressure which this produces will induce thinning of the membrane. In most cases this thinning will be general, but in others it will be circumscribed. In either there is a certain amount of risk lest the membrane give way, and it is partly to guard against this mishap, and partly to form an outlet for the mucus when it will not disappear under other plans of treatment, that an incision is sometimes made into the membrane and the fluid evacuated through the cut upon passing air into the tympanum. Another symptom or effect of fluid in the cavity of the tympanum is that patients' hearing will vary much with changes of position. Thus, while lying down they will be able sometimes to hear fairly well, and on rising will in a few moments be as deaf as before. The head bent to one side or the other will often give rise to increased hearing, or the reverse. These effects appear to be due to a movement of the mucus in the tympanum, although the precise positions in this cavity which the mucus occupies in good hearing or the reverse have not been made out.

The usual method of injecting solutions into the cavity of the tympanum is by means of the Eustachian catheter. This is passed in the ordinary way, and steadied with the left hand; about half a drachm of the solution is dropped into the open end of the catheter with a glass syringe; the india-rubber bag (which has been spoken of) is immediately fixed into the catheter, and compressed. Although the level at which the Eustachian tube enters the tympanum is rather near the roof, it is not found that after the fluid has entered the tympanum in this way enough collects at the bottom of this cavity to do any harm. It is not as if the fluid entered the tympanum in a stream. It leaves the catheter in a dispersed jet; some of it then is lost in its passage up the Eustachian tube, and by the time it has entered the tympanum, and moistened its walls and contents, there will not be much to sink down to the floor of the cavity. It is more useful to notice the results of this treatment than to theorise on what takes place. The fluid can be heard through the otoscope to enter the tympanum, and the patient is quite conscious of it so doing. Another plan was suggested by Dr. J. Gruber, of Vienna. The head of the patient is inclined to the side to be operated upon. A little of the fluid is passed with a small syringe into the inferior meatus of the nose; the patient then, with the mouth closed, and compressing the nostrils between the forefinger and thumb, forcibly inflates the middle ear, with the effect of sending some of the fluid into the tympanum. Intelligent patients can do this; but it has the disadvantage that they are not able to regulate the amount injected. A third method in constant use at this hospital is a modification of the last one. The fluid is in the same way passed into the inferior meatus of the nose, and the patient holding some water in his mouth, the tympana are inflated on Politzer's plan, the nozzle of the bag being placed in the meatus which contains the fluid. This is found peculiarly applicable in the case of children where either of the other two methods is attended with considerable difficulty. The cases adapted for astringent solutions are those in which there is an excess of secretion, as shown by the moist sounds conveyed through the otoscope on inflating the tympana. A very useful solution is one of sulphate of zinc, about four grains to the ounce of warm water. Anything stronger than this gives rise to a good deal of pain. The injection should be repeated every three or four days, and continued for some time.

With these patients the hearing returns to far nearer its normal standard than where the catarrh has subsided, leaving the mucus inspissated, with a thickened condition of the lining membrane of the tympanum. Under these circumstances the hearing remains stationary sometimes for years; it is not affected by inflation, and the sounds heard through the otoscope are of a dry character. The treatment for these cases consists in an endeavour to soften the dried mucus, and for this purpose the injections consist of warm alkaline solutions; carbonate of soda is as good as any, five grains to the ounce. After this line of treatment has been pursued for a time, it is well to discontinue it for a few months, and again to resume it. When it is considered that the results of treatment depend entirely upon the character, form, and situation which these dried collections have assumed, which it is of course impossible to recognise during life, it is not surprising that extensive improvements in hearing are met with in only a fair proportion of these cases.

STRANGULATED UMBILICAL HERNIA. OPERATION; RECOVERY.

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Mrs. J——, aged forty-six, mother of ten children born with *life*, very stout, and generally healthy, eight years ago, soon after one of her confinements, noticed a tumour at the umbilicus, for which she afterwards wore a belt. First came under my notice three years ago, when suffering from a severe attack of colic, to which she has since been frequently liable. The attacks were generally ushered in by diarrhœa, succeeded in a short time by pain and frequent vomiting; the pain most intense at the umbilical tumour, which generally was tender to the touch. These attacks became more and more frequent, but were generally relieved by a few doses of opium, in pills containing one grain each; and as she kept a supply of these pills, she often warded off or relieved an attack without troubling me.

On April 26th I was sent for in the evening, and found her suffering severe pain in the belly — as usual most severe at the umbilical tumour, which was very tender, with constant sickness, so that nothing was retained on the stomach. I ordered ten minims of laudanum every half hour, and on seeing her a few hours afterwards, found her slightly under its influence, and the pain much relieved; but she passed a bad night, and the symptoms, with slight variations, became gradually worse during the 27th. During that day, opium in pill was given, and enemata administered; ice, which on previous occasions had given relief, was also applied. The enemata caused two or three feculent evacuations, but no other benefit. At 11 P.M. of the 27th, the sickness and pain continuing, and the vomited matters being now for the first time dark and offensive, it seemed quite time to interfere.

I procured the assistance of my friend and colleague, Mr. Luke Armstrong, who administered the chloroform, a grown-up daughter of the patient holding the light. An attempt at reduction was made with the patient under chloroform, but failed.

Operation.—An incision was made nearly over the centre of the tumour; the sac was at once reached, and almost accidentally opened. A portion of omentum was found in it, and some fibrous bands stretching across the interior. The umbilical ring was readily reached, and its edge nicked, although there did not appear to be much constriction; but on tracing up the gut from the ring, I found it passed into a cul-de-sac on the left side, in which lay an empty coil of intestine four or five inches long; the tightly-constricted orifice of the cul-de-sac was divided, the intestine carefully hooked out with the forefinger, and then by a little gentle manipulation returned through the ring into the belly. The gut was never seen during the operation, as there was nothing in the case which appeared to me to render an inspection of it necessary. The omentum was not meddled with. The wound was closed by sutures, and a compress and bandage applied. After the operation the pulse was 88, and the patient felt easy.

April 28th.—Bowels purged three times during the night, and twice during the day. Morning pulse, 102; evening, 104; temperature, morning and evening 102° and 102·4°.

Progress from this time was favourable, with slight variations. The purging continued for some time, and was with difficulty controlled by opium &c. No union took place in the wound, and when looked at two days after the operation it was found surrounded by erythema. The sutures were then cut out and poultices applied. Some sloughing of the wound followed, and three patches of skin below the umbilicus sloughed; but the pulse never exceeded 104—nor the temperature, after the first two days, 100·4°. Under suitable treatment the erythema faded, the sloughs separated, and healing rapidly took place by granulation.

At the time of the operation the family had the house dismantled, preparatory to leaving it on May 1st. Until that day the treatment was conducted amid the turmoil of removing; and afterwards in a house quite empty, excepting the room on the third storey in which the patient lay, until May 10th, when she was removed in a cab to her new abode. Since her recovery the hernial protrusion has become larger, but she has been almost entirely free from the attacks of colic to which she was previously liable.

Remarks.—In umbilical more than in any other form of hernia it is considered desirable to return it without opening the sac. Erichsen says, "The surgeon should exhaust every means before he opens the sac of an umbilical hernia, especially if of large size—the patient, I believe, rarely recovering when this is done." In the two cases in which I have operated (one reported in THE LANCET for 1870, vol. i., p. 411), both of long standing and considerable size, the sac was opened, and reduction would have been impossible without it; but it seemed not at all to interfere with the favourable progress of the case; and one would almost expect that the comparatively small opening in the peritoneum made in this operation would afford a much better chance of recovery than the large opening made in ovariotomy, from which operation it cannot now be said that the patient "rarely" recovers.

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ON THE

ESTIMATION OF NITROGENOUS ORGANIC MATTER IN AIR.

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THE usual process hitherto adopted for the estimation of organic matter in air has been to pass a measured quantity, by means of an aspirator, through a very dilute standard solution of potassic permanganate. This process, although simple and easily performed, is only reliable as showing the relative quantities of oxidisable matter present in different samples of atmospheric air. It fails to give any indication of the source from which this oxidisable matter is derived, whether animal or vegetable; in fact, it does not *undeniably* prove that organic matter of any kind is present, nitrous, sulphurous, hypochlorous, and other acids being capable of decolorising permanganate. The process with permanganate is in reality altogether unworthy of the present state of chemical science.

Before entering into the details of the process I have used it may be as well to glance briefly at the causes and effects of animal contamination in air.

In the first place it may be assumed that, as in the case of water, all impurities in air likely to affect the health are nitrogenous, derived from sewage emanations, or effete animal matters given off from the lungs and skin, both in health and disease. Normal vegetable matter, by which I mean vegetal compounds containing carbon, hydrogen, and oxygen, undergoing putrefactive change, furnishes, as its ultimate decomposition products, CO_2 and H_2O. Animal matter contains nitrogen, and affords in addition NH_3; but between such a complex substance as albumen or protein and its ultimate decomposition products, CO_2, H_2O, and

NH_2, innumerable other or intermediate compounds are found, each capable of undergoing further change.

As all organic matters capable of setting up the fermentative process, diastase, emulsin, synaptase, myrosin, and ptyalin, contain nitrogen, and all substances capable of acting on the animal economy in very minute doses, as the whole range of vegetable alkaloids also contain nitrogen, it may be considered probable, reasoning from analogy, that deleterious matters in air are nitrogenous.

Dr. Mapother, in his excellent work "Lectures on Public Health," writes: "Decomposing animal organic matter gives off various volatile nitrogenous compounds which may not of themselves produce disease, but they lower the vital process and lay the system open to attack from other and more active agents. Those who have been much in the habit of visiting the dwellings of the poor in crowded courts and alleys are perfectly familiar with the fetid emanations met there. In large crowds of the great unwashed this peculiar fetid smell is particularly marked, and in small-pox, especially, it is almost overpowering, and in many cases produces a feeling of sickness and debility, succeeded in many cases by a low febrile state, which may last for some days. These effluvia, for the most part of a nitrogenous nature, mix with and contaminate the air." The bad effects of "nosocomial air" in retarding the healing of sores, &c., and in the production of that dread disease, hospital gangrene, are well known to every medical man.

The foregoing considerations have led me to infer that a determination of the actual quantity of organic nitrogen in given quantities of air would furnish very valuable data on which to rest conclusions as to purity. I am aware that Dr. A. Smith, Dr. Ransome, and others have been labouring in this path, but I have not seen any systematic arrangement of data in a tabular form.* At all events, the subject is not worn threadbare, and I cannot help thinking that the results of carefully conducted experiments in any branch of sanitary science must have some scientific interest.

The nitrogenous matter in air may be divided into three classes:—*a*. Salts of ammonia, as carbonate, chloride, nitrate or nitrite, derived from sewage or from effete matters given off from the lungs and skin, in health and disease. Ammonia in the free state (NH_3) does not exist in air. *b*. Nitrogenous organic matter, consisting of exhalations from the lungs and skin and from putrefying animal matter. *c*. Nitrous or nitric acid, derived from the oxidation of products *a* and *b*, from the action of electric discharges, and from chemical works. (The plaster of old walls is rich in nitrate of lime.)

I have employed the ordinary process as laid down in Wanklyn's "Water Analysis" and other works for the determination of the ammonia and albuminoid ammonia. In using this process, however, it is absolutely necessary that the distilled water used and all the solutions should be free from a trace of ammonia. I have never been able to obtain distilled water, commercially, sufficiently free to be used; I have therefore superintended the distillation of all the water required for my experiments, rejecting the first portions until the distillate gave no tint whatever with Nessler. All the solutions, more particularly that of alkaline permanganate, must be distilled and the distillate tested, the loss by evaporation being made up with the *purest* distilled water.

In the practical application of this process to the estimation of nitrogenous impurities in air, I passed a certain quantity of air through four wash bottles, by means of an accurately graduated aspirator. These bottles were of a capacity of 100 c.c., and each one contained 50 c.c. of *pure* distilled water, and in the first one of the series ·5 c.c. of pure HCl was poured. They were provided with the necessary tubes and connected together with india-rubber tubing, suction being applied before use to ascertain whether the series were air-tight.

In the whole of the experiments the quantity of air passed through the aspirator is corrected for temperature to 0° C., and for pressure to 30 in. barometer; and they were all conducted in the same manner, and at the same place—viz., Portsmouth. I give a detailed description of the first one that it may serve as a type for all the rest.

Experiment No. 1.

(*a*) No. 5 ward, 1/7th Hospital, containing a bad case of abscess of liver. Between the hours of 4 and 10 P.M., on February 27th, 1872, I passed 42,056 cubic centimeters of air through the wash bottles. On the following morning the water was poured from the bottles into a flask along with 4 c.c. of 20 per cent. solution of potash. The flask was then connected with a Liebig's condenser.* A receiver being fitted to the condenser, containing about 10 c.c. of *pure* distilled water, heat was applied to the flask, and the distillation continued until 100 c.c. had passed over. The distillate was tested with Nessler solution in the manner before described, and found to give a tint equal to ·018 milligrammes of ammonia.

†(*b*) The residue in the flask after the above operation was made up to 200 c.c. with pure distilled water, and 10 c.c. of solution of alkaline permanganate added; connexion was then made with the condenser and receiver, and 100 c.c. distilled. The distillate, on being Nesslerised, gave a tint equal to ·055 milligrammes of ammonia.

I have compiled the following table, in which the amounts of ammonia &c. are calculated for one cubic metre of air.

The first column of figures in Table I. contains the number of cubic centimetres of air passed through the

TABLE I.

1872.	Source of Air.	C.C. of air passed through aspirator in each experiment.	Cubic Metre of Air.						Wind.		Ozone.
			Ammonia.			Nitrogenous organic matter.		Total combined nitrogen.	Direction.	Miles per hour, Robinson's anemometer.	
			—	C.C., or volumes per million.	Equivalent nitrogen.	Albuminoid NH_3.	Organic nitrogen.				
			Milligr.		Milligrms.	Milligrms.	Milligrms.	Milligrms.			1 to 10
Feb. 26...	External air (Portsmouth)	182,016	·126	·165	·104	·192	·158	·262	S. & S.W.	6·05	2
—	Ditto ditto	412,539	·201	·263	·165	·133	·109	·274	—	—	—
March 22	Ditto ditto	509,019	·065	·085	·053	·069	·056	·109	N.	4·17	1
April 16	Ditto ditto	406,701	·105	·138	·089	·061	·050	·139	W.	5·09	1
May 11...	Ditto ditto	424,506	·054	·070	·044	·035	·028	·072	N.E.&N.W.	2·70	0
,, 14...	Ditto ditto	320,745	·056	·073	·046	·053	·044	·090	E. & S.E.	·40	3
,, 16...	Ditto ditto	274,918	·066	·086	·054	·062	·051	·105	Variable.	·88	2
,, 21...	External air (Wish-st., Southsea)	288,250	·080	·105	·066	·104	·086	·152	S.W.	—	2

The air nearer the ground is probably richer in organic constituents. In all these experiments it was obtained at an elevation of 20 ft.

aspirator in each operation, reduced to the temperature of 0° centigrade, and the pressure of 30 inches barometer. The next three show the amount of ammonia contained in a cubic metre of air submitted to examination: in the first of the three it is expressed as milligrammes; in the second, as volumes per million, or cubic centimetres in a cubic metre; the third contains its equivalent in nitrogen. The two

* When this was written Dr. A. Smith's "Air and Rain" had not been published.

* In consequence of the expense incurred in the breakage of retorts, I have been led to the use of a flask and wide bent tube, and find that the arrangement answers the purpose admirably; the flask I have now in use has lasted through about forty operations.

† To prevent bumping, a few fragments of pipe-stem, first made red hot and then cooled, should be put into the flask.

columns following show the amount of albuminoid ammonia furnished by a cubic metre of the air examined, and its equivalent in nitrogen. The seventh contains the total amount of combined nitrogen, deduced from the fourth and sixth columns. The remaining three indicate the direction and force of wind, and the amount of ozone, during the time of the experiment.

In order to estimate the relative impurities contained in the air of wards, &c., it became of the utmost importance to ascertain the amount contained in the external air, in order to establish a standard of purity. Groger and Fresenius, in some experiments made by them, found respectively 3·3 and 1·3 parts of ammonia in 10,000,000 parts of air; it was therefore found necessary to operate on large volumes, and in one experiment more than 500 litres of air were drawn through the wash bottles. In no instance have I found more than 2·63 per 10,000,000 parts; while the minimum was ·7 part. The quantities of ammonia and organic matter were found to be extremely variable, and, contrary to what might have been expected, the amounts appeared to be in an inverse ratio to the force of the wind. The site of the Garrison Hospital, being on the western side of a large open space, furnishes an easy explanation. A wind blowing from the south-west will carry the smoke and various impurities from Portsmouth in the direction of the hospital; but as the wind will have to traverse about 700 yards of open space before reaching it, it may be concluded that upward diffusion and oxidation will have purified it considerably by the time it passes over the site of the hospital. If, however, the breeze were strong, there would not be time for this purification to take place, and the impure air from Portsmouth would be driven over almost unchanged. From an inspection of the table it will be seen that, in every case but three, the ammonia is in excess. This supports the above hypothesis, when it is seen that in the first instance the wind was blowing from Portsmouth at the rate of 6·05 miles an hour; in another, it is the air from a fine open street in Southsea. Although a portion of the ammonia in air is doubtless ultimately oxidised into nitrous and nitric acids, yet it is probable that the unstable nitrogenous organic compounds are much more quickly oxidisable; therefore it might be expected that in the air blown quickly from Portsmouth, and in that from Wish-street, the organic matter should predominate, while in those cases where the air had been subjected to greater chance of oxidation ammonia would be in excess.

It is probable that the amount of impurity is also greatly influenced by the direction from which the wind is blowing. That this is possible may be seen from the following statement of the distance of the Garrison Hospital from the nearest streets in the surrounding townships:—

North: Clear of houses to Portsdown Hills.
North-east: Landport, about 600 yards distant.
East: Southsea, „ 450 „
South-east: Southsea, „ 600 „
South: Almost clear of houses to the sea.
South-west: Portsmouth, about 700 yards distant.
West: Portsea, „ 200 „
North-west: Portsea, „ 250 „

I have failed to trace any relation between the impurities in air and the amount of ozone.

TABLE II.

1872.	Source of Air. (Hospitals at Portsmouth, &c.)	C. C. of air passed through aspirator in each experiment.	Cubic Metre of Air. Ammonia. —	Ammonia. C. C. or volumes per million.	Ammonia. Equivalent nitrogen.	Nitrog. organic matter. Albuminoid, NH_2	Nitrog. organic matter. Organic nitrogen.	Total combined nitrogen.	Ratio of ammonia to albuminoid ammonia.	Cubic space per occupant in room or ward.
			Milligr.		Milligrms.	Milligrms.	Milligrms.	Milligrms.		Cubic metres.
Feb. 26 ...	No. 5 Ward, 1/7 Hospital	42,056	·428	·561	·352	1·307	1·076	1·428	1 to 3	88·90
March 11	Ditto ditto	73,641	·855	1·122	·704	1·018	·838	1·542	1 to 1·2	88·90
„ 14	No. 7 Ward, 88 Hospital	72,985	·520	·683	·428	·753	·620	1·040	1 to 1·5	—
„ 15	Men's Privy	63,893	·516	·677	·425	·860	·708	1·133	1 to 1·6	—
„ 18	Mr. Ellis's Quarters ...	75,697	·436	·572	·359	·462	·380	·739	1 to 1·05	23·12
May 1 ...	Variola Ward...	74,421	·309	·405	·254	·416	·342	·596	1 to 1·3	75·33
„ 3 ...	Rubeola Ward (Children)*	101,286	·226	·296	·186	·197	·163	·349	—	23·30
March 2	Medical Stores	194,596	·169	·222	·139	·282	·232	·371	1 to 1·6	50·53
„ 11	Ditto	252,166	·210	·276	·173	·138	·113	·286	—	„
„ 20	Ditto†	254,541	·404	·530	·332	·137	·113	·445	—	„
„ 31	Ditto‡	214,492	1·832	2·405	1·509	·256	·210	1·719	—	„
May 7 ...	Respired Air	36,684	·218	·286	·179	·545	·449	·628	1 to 2·5	—
„ 8 ...	Ditto	147,621	·122	·160	·100	·169	·139	·239	1 to 1·3	—
„ 10 ...	Ditto	250,943	·112	·147	·092	·099	·081	·228	—	—
„ 13 ...	Ditto	124,364	·144	·189	·118	·177	·146	·264	1 to 1·2	—

* *Very free* ventilation. † Window open. ‡ Window shut.

The description of Table I. applies equally to Table II., with the exception that the last three columns in the former are replaced by two, showing the ratio of ammonia to albuminoid ammonia, and the cubic space for each person in the room or ward at the time of the experiment.

In consequence of the operations being carried on in the daytime, it was not possible to ascertain the motion of the air through inlets and outlets, the conditions being variable from the passage of persons through the doorways. I have therefore simply confined myself to a statement of the amount of impurity contained in the air submitted to examination. The results as tabulated are interesting, and show the capability of the process to detect very minute departures from the normal state.

The most impure air was that obtained from a ward containing a man suffering from abscess of the liver. It is probable that a large amount of organic matter is given off in the breath of persons suffering from diseases of this class. The amount of impurity found in the air of the ward in 88th Hospital gives, I should imagine, a fair example of the state of a fully occupied ward under ordinary conditions. The men's privy is entirely open on one side, and yet the relative contamination is high. Mr. Ellis's quarters afford an instance of the quantities of ammonia and organic matter in a good-sized room fully occupied. The medical stores furnish good examples of air very slightly contaminated, and approach very nearly the purity of the external atmosphere. In two instances a few drops of ammonia were placed to evaporate spontaneously, and the difference found on distillation—the results being compared with those obtained from the air in its ordinary state—is decided and well marked. The effect of an open window in purifying the air is also well shown in the experiment in Table II. indicated by a dagger.

The contamination in the air of the infectious wards is relatively very small, and displays the beneficial effect produced by plenty of fresh air and the use of disinfectants. The examination of the respired air from the lungs in health seems to indicate a considerable variation in purity even in the same individual; and it appears probable that a far larger amount of organic matter passes into the air from the skin than from the lungs.

The ratio of ammonia to albuminoid ammonia seems to bear a pretty constant relation, which tends to support my former suggestion. In most cases the ratio varies from 1:3 to 1:1·05; but in those where facilities for oxidation

and diffusion are offered it is reversed. This is especially noticeable in the air of the children's measles ward, where the air is as 1 : ·8, and which was amply ventilated directly by open windows, and disinfectants freely used.

In the examination of air contaminated by animal exhalations it is likely that a small correction may be needed for minute quantities of compound ammonias or amines. Trimethylamine, for instance $(CH_3)_3N$, doubtless exists in vitiated air, and would be driven over with ammonia in the distillation with KHO, but the quantity must be very small.

From experiments conducted contemporaneously with those already detailed, I have been led to conclude that minute portions of nitrous and nitric acids exist, derived from the oxidation of ammonia and organic matter. From very careful experiments conducted to verify the results, I forbear giving the amounts, as a slight fallacy is apparent, due, I think, to the process I adopted, which was that of Vernon Harcourt, with iron and zinc. At some future time I hope to make a more extended inquiry by the use of Schulze's aluminium process. That nitro-compounds do exist in vitiated air is, I think, conclusively proved by the fact that I have before mentioned, that the plaster of old houses is extensively impregnated with nitrate of lime. The existence of nitrous or nitric acid, however, as in the case of potable water, would only point to previous contamination, of which all danger has been removed by oxidation.

In conclusion, I may state that the process I have attempted to describe is not nearly so complicated as would at first appear. The principal trouble is the preparing of solutions, &c., as it is of paramount importance that everything should be as *free as possible* from any trace of ammonia. As *perfect* freedom from this can seldom be insured, blank experiments should be instituted before commencing the examination of air, and any correction required noted, and afterwards applied. For example, in boiling the solution of air with alkaline permanganate, it is found that the distillate gives a tint = ·03 milligramme NH_3. A blank experiment made with the sample of distilled water used gives = ·005 milligramme. The amount of ammonia in the air would be ·025 milligramme, ·03 – ·005 = ·025.

I regret that I have been unable to make experiments on extensively vitiated air, such as may be found in barrack-rooms, &c., during the night time; as my examinations were not made officially I have been obliged to carry them out during the day to avoid disturbing the patients, and for other obvious reasons. At the same time I offer my best thanks to those medical officers who have kindly allowed me access to the wards under their charge during the prosecution of my researches.

Garrison Hospital, Portsmouth.

THE TREATMENT OF INVETERATE AGUE.

By WILLIAM BLOWER, M.R.C.S.

THE specific remedies, such as quinine and arsenic, sometimes fail to effect a cure in cases of ague. Neither large doses nor long-continued administration of these remedies produce any beneficial action, and the disease continues its course uninterruptedly, deranging the structure of the spleen and liver, and deteriorating the general health.

The paroxysms become habitual, and they occur regularly at well-defined periods. The time of their advent is well known, and they are expected with positive certainty; and should they not take place at the usual hour, the patients would be astonished, if not disappointed. This establishment of a habit constitutes a formidable obstacle to the cure of the malady. To break this habit is, therefore, the great object in the treatment of this condition; for when it is broken the fits cease to recur, and only their effects upon the system remain to be combated.

This object may be accomplished in various ways. Thus, by throwing the patient into a state of unconsciousness at the time when the paroxysm is expected, its occurrence may be prevented. In two cases which came under my notice, where the ague had been of long continuance, and had resisted every attempt to cure, the habit was broken and the disease stopped by the administration of large doses of opium three hours before the times when the fits were expected. The patients were thrown into a profound sleep, and they slept over the hours when the paroxysms should have come on. These did not take place, and they never recurred afterwards.

Another mode of effecting this purpose is by occupying the mind of the patient, so as to withdraw his attention from his expected fit until the time for its occurrence has passed by. A man who had been subject to fits of ague, which occurred every other day at noon for a considerable time, was one day, as he was watching the clock for the time when he should be attacked, suddenly called out of doors, and kept closely occupied in an interesting conversation for a short period. Whilst he was away the hand of the clock was put on half an hour; and when he returned into the house he looked at the clock and said, "Bless me, it's half-past twelve, and I have not had my ague." Nor did he have it any more.

Also by making a strong impression upon the nervous system the habit may be broken and the paroxysms stopped. There is an anecdote related of a celebrated Lord Chief Justice which illustrates this point. In his youth he had been very gay; and once, when he had been drinking with several dissolute companions at an inn, he found that they could not raise money enough between them to pay the reckoning. Looking about to see if he could discover any means of extricating himself and his friends from the dilemma in which they were placed, he observed the daughter of the landlady looking very ill, and he inquired what was the matter with her. On being told that she had ague he said that he could cure her. He then scribbled something on a piece of paper, rolled it up into a ball, and gave it to the mother, telling her to hang it about her daughter's neck and she would not have ague any more. The mother did as she was directed, and the girl was cured. Many years afterwards, when he had settled down into a grave judge, an old woman was tried before him for witchcraft. The alleged witchcraft consisted in hanging a ball around the necks of persons afflicted with ague, and in this manner curing them. The ball was produced in court, and the judge, on examining it, discovered that it was the identical ball which he had given to the old woman many years before in discharge of her bill, and which had not only cured her daughter but also all others on whom it had been tried. During the epidemic of ague in 1827-8-9, a lady at Bedford cured many patients by giving to them spiders made into pills with flour and water, and the beneficial operation of this disgusting remedy was, doubtless, owing to its action on the minds of the sufferers. There is a singular tale told of the influence of mental impressions in the cure of this disease. A man who had had ague for a long time, and had become so reduced by it that his life was despaired of, was advised to make his will. One of his bequests was—"I give and bequeath unto Mr. ——, the parson of this parish, these plaguey fits of the ague." This legacy so tickled his fancy that he burst out into a loud and long-continued fit of laughter. From that time the ague left him. The clergyman, on being told of the bequest, was highly offended, but the next day he was seized with ague, and it was a long time before he could get rid of it. In my boyhood there were persons, both men and women, who pretended that they possessed the power of curing ague by charms; but I do not recollect any case in which they exercised their art. Ague at that time was very rare in that part of the country where I resided, so that opportunities for exercising their skill were not often afforded them.

Bedford.

A CASE OF AN
ANEURISMAL TUMOUR OF THE AORTA FORMING IN THE WALLS OF THE LEFT VENTRICLE OF THE HEART.

By ALBERT A. GORE, M.D.,
SURGEON, 34TH REGIMENT.

PRIVATE ROBERT T——, 96th Regiment, army age forty-four, real age fifty-four years, seventeen years' service, an Irishman, was admitted into the hospital of my regiment on the 13th August with symptoms indicative of cardiac

valvular disease, difficulty of breathing upon least exertion, slight cough, and total inability to wear knapsack or accoutrements. The vessels in the neck pulsated visibly under exertion, and a soft, rather distant syatolic bruit was distinctly heard upon applying stethoscope over centre of sternum. The patient had been shortly before under treatment for inflammation of the left lung, and, during his previous service, frequently for bronchitis and rheumatism. He had had three years' service in India—1866-69—and had just passed an Invaliding Board as unfit for further service, and was, at the date of his last admission (17th September), doing modified duty. He died the same evening rather suddenly in a severe spasm.

Autopsy, forty-two hours after death.—The body was of medium development. Lungs: right fairly healthy, some post-mortem congestion at base; left, anterior margins healthy; floating in water; posterior and lower portion hepatized, and firmly adherent to pleura costalis by old fibroid formations, which were with difficulty separated. The fibroid mass was gradually extending itself between the lobes of the lung and into its substance. Liver congested on section. Heart much enlarged, fatty, and muscular substance flabby. The internal surface of the pericardium showed signs of recent inflammation, a few patches of lymph being effused upon its surface, and some sero-purulent fluid, about two ounces, contained in it. The serous covering of the heart was healthy, as well as its valves and cavities. The ascending portion and the arch of the aorta was thickened and atheromatous. At the junction of the aortic valves upon the left side, and immediately in front of the coronary orifices, was a small circular opening, about the size of a fourpenny-piece, with rounded edges—the orifice of an aneurismal tumour, the size of a pigeon's egg, situated in the muscular substance of the upper and left portion of the walls of the ventricle. The sac was lined with layers of laminated fibrine, and had apparently given way at its junction with the aorta posteriorly, as in this situation the handle of the scalpel passed between it and the muscular substance of the ventricle, not the cavity of the latter.

The preparation, illustrative of a very rare form of aneurismal tumour, I have carefully preserved for our museum at Netley, to which institution it will be forwarded when the sanction of the Director-General has been obtained.

Curragh Camp.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

ST. GEORGE'S HOSPITAL.

ENTERIC FEVER; ABSCESS OF THE NECK AS A COMPLICATION; TREATMENT BY "WET-SHEET PACKING"; RECOVERY, RELAPSE, AND SECOND RECOVERY.

(Under the care of Dr. JOHN OGLE.)

IT is worthy of notice that in the following case, as in the cases treated with the cold bath by Dr. Collie, and recorded in the present volume of THE LANCET (pp. 410, 448), the diarrhœa was not increased by the cold applications, as has been apprehended by some authorities. The fact is that not only has the temperature been reduced by this plan of treatment, but the disease itself has appeared to be beneficially influenced by it.

Wm. B——, a waiter, aged twenty-three, of good general health, except that four years previously he had had an attack of bronchitis with spitting of blood, was admitted June 12th. For fourteen days he had had loss of appetite, pain in the back, and a general sensation of weakness, and for eight or nine days some diarrhœa. On admission, his face was flushed, and he complained of great pain in the calves of the legs, and of headache. The pulse was 110; the temperature 101°. The belly was tender on pressure, especially about the right iliac fossa, but not at all distended. One "spot" only could be found on the abdomen, a little elevated, but of doubtful character. There was occasional cough; the lips were dry, and the tongue was slightly coated. The bowels were opened twice on the day of admission; urine scanty. At first it appeared as if the affection had somewhat of a rheumatic character.

On the 13th the temperature was 105·2°, and the pulse 120, in the evening.

On the 14th the case was clearly one of typhoid fever, two spots (rather doubtful ones) only being found—one on the abdomen and one on the sacrum. Effervescing citrate-of-ammonia draughts were given, and ice fragments to suck. Morning temperature 102°, evening 104°; pulse 120.

On the 16th two more spots appeared; temperature in the morning 104°, at 9 P.M. 103·2°; pulse 120. Wet packing was commenced at 9 P.M., and continued for one hour and a half, when the temperature was reduced to 102·2°; pulse 96.

On the 17th the packing was repeated early in the morning. At 6 30 the temperature was 100°; at 7.20, after the packing, it was 98·8°, and the pulse 96. At 11.30 the temperature had risen to 101·4°, and the pulse to 108. The packing was repeated in the evening. At 7.45 the temperature was 103·6°, and the pulse 108, the respiration being 36. After packing, the temperature was 102·8°, and the pulse 100, the respiration being still 36. At 11.30 the temperature was 102·6°.

On the 18th the packing was repeated twice. At 7.50 A.M. the temperature was 102·2°; at 9.15, after the packing, during which the patient slept one hour and forty minutes, it was 101·4°; at 11.30 it had risen to 103·2°, the pulse being 96, and the respiration 36. In the evening, at 7.50, the temperature was 103·6°; at 9.15, after the packing, which lasted forty minutes, it was 101·6°; and at 11.15 it was 103°.

On the 19th the packing was again repeated twice. At 7.45 A.M. the temperature was 100·2°; at 9.15, after packing, 99·8°; at 7.45 P.M. 103·8°; at 9.20, after forty-five minutes' packing, during which patient slept a quarter of an hour, 103°; at 11.30 it was 103·6°.

On the 20th at 7.45 A.M. the temperature was 100·6°, and after packing one hour, during which the patient slept forty minutes, 99·6°; at 11.30 it was 102·2°. At 7.45 P.M., before packing, 102·4°; after, 101·6°.

On the 21st at 7.50 A.M., before packing, which lasted seventy-five minutes, during fifty of which the patient slept, the temperature was 99·4°; after, 98·6°; at 11.40 it was 100°. At 7.45 P.M. the temperature was 102·8°; after thirty-five minutes' packing, 101·6°; at 11 P.M. 102·4°.

On the 22nd, at 7.45 A.M., the temperature was 102·8°; after packing for fifty minutes it was 98·4°; at 11.30 it was 100°. At 7.45 P.M. the temperature was 102°; after packing for fifty minutes, during which the patient slept half an hour, it was 100°; at 12, 101·4°.

After all these packings, drying of the body was followed by very considerable perspiration and sense of comfort and relief. The packing was now disused; but the morning and evening registration of temperature was persevered in, and was as follows:—24th: Morning, 99·4°; evening, 102°.—25th: Morning, 99·2°; evening, 101·8°.—26th: Morning, 101·1°; evening, 100·8°. At this time the neck became very painful and swollen, especially in front, and there was much dysphagia. A warm poultice gave relief.—28th: Morning, 101·8°; evening, 103·2°.—29th: Morning, 99·8°; evening, 102·8°.—30th: Morning, 100·4°. At this time the neck was more swollen, the front part very red opposite the thyroid cartilage, and the "pointing" of an abscess was evidently commencing. Poulticing was continued; wine and quinine very freely given. From July 1st to the 4th the morning temperature was about 100·5°, and the evening 103·5°, once only (on the 3rd) being 104°. On the 4th the abscess burst, and freely discharged a quantity of healthy-looking pus.—5th: Morning, 100°; evening, 103°.—6th: Morning, 100·2°; evening, 101°.—7th: Morning, 99°; evening, 101·2°.—9th: Morning, 98·6°; evening, 99°. After this date the temperature remained pretty natural.

During most part of the attack there was no extent of diarrhœa; the evacuations were always liquid and "fever-like," but never frequent, generally being only one a day. The abscess went on discharging, and then entirely and satisfactorily healed. The patient gradually left off liquid food, and, after eating fish and puddings, got back to "ordinary" diet; and on the 31st of July he went to the Con-

valescent Hospital at Wimbledon. When there he subsequently had a relapse of fever, but got well over this, and returned to London and his work on the 18th of September.

Remarks.—The only treatment in this case, until the complicating abscess required quinine, wine, &c., in addition to the wet-sheet packing, was the simple saline effervescing draught; and Dr. Ogle was induced to use the packing by the high temperature of the patient on the day after admission—viz., 105·2°. Although the temperature was subsequently tolerably high from time to time, yet it never again rose as high as it did on the day following admission. This circumstance, as also the fact of the general leniency of the case in subsequent stages (as shown by the slight diarrhœa and tendency to bowel ulceration, the fair maintenance of muscular strength, absence of extreme physical or mental prostration, and the observance of the evening rise of heat according to rule) were possibly the result of the perspiration which followed the packing, and which proved so comfortable to the feelings of the patient. The positive action of the packing in lowering heat is worthy of notice; the difference between the temperature as taken before and after the operation being generally about one degree; on one occasion it was two degrees. Of course after a time the temperature again rose, occasionally to a point higher than it had reached before packing. On one or two occasions the notes showed great reduction in the quickness of the pulse, consistent with that of temperature, as might be expected.

LEEDS GENERAL INFIRMARY.

FEMORAL ANEURISM; TREATMENT BY COMPRESSION; CURE.

(Under the care of Mr. JESSOP.)

THE following case is a good sequel to that we published on the 12th ult., in which a femoral aneurism was cured by ligature of the external iliac. It must, however, be remembered that in the present case the swelling was much lower in the limb, and therefore much more favourable for the treatment by compression than the former case.

James S——, aged thirty-four, a railway guard, was admitted into the Leeds Infirmary on the 14th July, 1870. He was tall, well-built, muscular, and healthy-looking. He stated that he had always been sober, that he had never had any venereal complaint, and that his health had been good through life. Four weeks before his admission, when at work, he was seized with a pain above his left knee, and on placing his hand upon the spot he felt a swelling. Believing that he had sprained himself in working some new and powerful breaks, he affected not to notice his thigh, and continued his employment; but after three days of increasing suffering he was compelled to desist, and shortly afterwards he found himself unable to stand. He now took to his bed, and applied such remedies as he and his friends could suggest. Finding, however, that the swelling continued to increase, and that the pain, though less than it had been when he was at work, still remained very severe, he applied at the infirmary. Situated over the course of the femoral artery, a little below the middle of the thigh, was a prominent pulsating tumour, measuring vertically five inches and a half by four inches and three-quarters in breadth. Pulsation was easily arrested by compression of the artery above, and considerable diminution in the size of the swelling speedily followed upon stoppage of the arterial flow.

July 17th.—Treatment by compression of the artery in Scarpa's triangle was commenced this day, Porter's tourniquet being used for the purpose. Moderate pressure sufficed to arrest pulsation, and was well borne for three hours. On the 18th the tourniquet was applied for five hours and a half, and for the same length of time on the 19th, 20th, and 21st, after which the pulsation had perceptibly diminished. On the 22nd and 23rd the time of arrest was lengthened to seven hours, and on the 24th to ten and a half hours. As the pain became greatly increased on the 24th the duration of compression was afterwards limited to six hours daily until August 3rd, when, pulsation being still marked, the tourniquet was applied during four hours in the morning and for a like period in the evening. This was repeated on the 4th, 5th, 6th, and 7th, after which the aneurism felt decidedly firmer, and the pulsation had lessened. The same treatment was continued until August 17th, on which day all pulsation finally ceased. Severe pain in the thigh and leg followed, lasting for a few days. On September 14th he was allowed to get out of bed, and on October 8th he was made an out-patient, the aneurism being then about the size of a tennis ball, and semi-solid. When seen four months later the limb had a perfectly natural appearance; the tumour had almost entirely disappeared, and he had commenced to work.

NEWCASTLE-ON-TYNE INFIRMARY.

AMPUTATION THROUGH THE SHOULDER-JOINT FOR INJURY; PREGNANCY; DELIVERY; RECOVERY.

(Under the care of Mr. RUSSELL.)

THE chief feature of interest in this case is in the fact of recovery, under such adverse circumstances, from a severe injury which required a capital operation. The long journey, the extensive hæmorrhage, and the condition of pregnancy were all of evil omen. This case is an instance of what has been frequently observed in the infirmary of late—viz., that recoveries are more frequent when the amputation is at the joint than when through the bone. This seems to be due to the greater immunity of the first class of cases from subsequent pyæmic infection.

The notes of the case are communicated by Mr. W. P. Maddison, dresser.

Ann B——, aged thirty, a farm servant, was admitted into the infirmary about 11.30 P.M. on July 26th, 1872. She had been "feeding" a thrashing machine, when the glove she wore was caught between the rollers, and the whole arm drawn in. She was brought to the infirmary, a distance of fourteen miles, in an ordinary cart, with only a little straw to lie upon. The extent to which her clothes were saturated indicated the serious loss of blood which had taken place during her journey. On examination, the right arm was found to be completely shattered, the hand and forearm being reduced to a pulp, and there was fracture of the middle third of the humerus, with a large jagged wound on the posterior and inner aspect, extending well up into the axilla. The patient was found to be pregnant, apparently about the seventh month.

As soon as possible after her admission, Dr. Hume (in the absence of Mr. Russell) amputated at the shoulder-joint by the deltoid-flap method. The operation presented nothing noteworthy beyond the occurrence of a high division of the brachial demanding ligature of two arteries of large size side by side.

July 27th.—Has slept at intervals through the night; some little vomiting. Pulse 100, small and weak; perspires very freely. A catheter passed, and about a gill of high-coloured urine drawn off. Complains very much of pain in the back. Ordered milk diet.

28th.—The sutures removed; stump looks languid. The patient slept a good deal at intervals during the day. Ordered a quarter of a grain of morphia, to be given hypodermically at bedtime.

29th.—Pain left the back. The child has been felt for the first time since the operation. Hypodermic injection repeated, and mild, nutritious diet.

31st.—Stump looks very healthy.

Aug. 3rd.—Slight diarrhœa, controlled by chalk mixture with ten drops of laudanum.

5th.—Stump looking very well. Patient sits up in bed for short intervals through the day; appetite good.

9th.—One ligature has come away.

11th.—9 A.M.: Stump looking well. Patient quite easy.—3 P.M.: Symptoms of labour set in, which gradually increased till 8 30 P.M., when the patient was delivered of a putrescent male child; labour quick, and with but little pain.—12 P.M.: Has had no sleep; pulse 108. Ordered forty drops of tincture of opium.

12th.—Patient very low. To take two glasses of brandy in the day.

15th.—Progressing favourably; second ligature came away; lochia thin, and small in quantity.

18th.—To have quinine and iron.

20th.—Wound cicatrising rapidly. Patient gets up for some hours every day.

From this time her progress was uninterrupted, save by the occurrence of an abscess of trivial size in the external flap. On Sept. 3rd she left the infirmary in good health, and with the wound entirely healed. The dressing consisted of resin ointment spread on lint, held in position by a pad of oakum. This answered well as a mild stimulant to the wound, which throughout had a tendency to become languid.

HÔPITAL LA CHARITÉ, PARIS.

PRESERVATION OF SENSIBILITY WITH ABOLITION OF MOBILITY IN A CASE OF CONTUSION OF THE RADIAL NERVE.

(Under the care of M. LANNELONGUE.)

IN one of the numbers of THE LANCET for 1867 we recorded at the time a case of preservation of sensibility of the skin after a traumatic section of the median nerve, which we had observed in the wards of Professor Richet, at La Pitié. A similar case is now to be seen in the wards of M. Lannelongue, at the Hôpital la Charité, only in this instance of preserved sensibility, it is the radial nerve which has been injured. The case was brought on by a contusion of the nerve, caused by the use of crutches, the patient having broken his leg some time ago. As in M. Richet's case, mobility in all the muscles supplied by the radial, and especially the extensors of the wrist and fingers, was entirely abolished, whilst sensibility of the tegument was preserved.

Dr. Lannelongue availed himself of this opportunity to make some clinical remarks on the physiology and pathology of mixed nerves. Besides this case and the one of M. Richet, a few others observed by Houel, Béclard, and Laugier, involving questions about the anatomical arrangements and physiology of the nerves of the forearm, were reviewed by M. Lannelongue. Various theories which had been brought forward to explain these facts were objected to by M. Lannelongue. For instance, immediate reunion of the severed ends had been invoked, but in this case it was quite obvious that such had not taken place. Referring to the various theories about anastomosis of the nerves, and the elucidation which they thus furnish touching the preservation of sensibility in the surface, M. Lannelongue said that the most satisfactory explanations until now were those afforded by the experiments of MM. Arloin and Léon Trissier, recorded in a recent number of the *Archives of Physiology*.

These experiments were conducted on dogs. The authors found that section of any of the three nerves of the forearm was not sufficient to produce total anæsthesia in the paw of the dog. Section of either of the nerves only produced local anæsthesia. It was quite impossible to make out whether any peculiar part of the surface was under the special dependence of any three of the nerves, and in a series of experiments in which only one of the three nerves, successively, was left untouched and unimpaired, it was found that a functional correlation existed between the three nerves.

In another series of experiments, MM. Arloin and Trissier, struck by the existence of fine nerves which quit a large trunk to attach themselves to another large one, were enabled by successive sections proceeding nearer and nearer to the surface, to determine that there existed an anatomical arrangement by which communications were established between the terminal extremities of the three large trunks. Furthermore, they stated that sensibility was preserved in the peripheric end of a nerve when the nerve was the only means of communication which remained between that branch and the nervous centres, and that, consequently, sensibility in one and the same nerve proceeded from the surface to the centres, and from the centres to the surface. Transmission could also be effected from one nervous trunk to another, and provided there remained one trunk in the limb, sensibility was retained in the peripheric end, and could be transmitted to the centres. The same facts were observed in the lower extremities. It therefore seems established that, with rachidian nerves, sensibility of any one part of the teguments is preserved when the part communicates with an unimpaired nervous branch.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 22ND, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE MORBID EFFECTS OF ALCOHOL AS SHOWN IN PERSONS WHO TRADE IN LIQUOR.

BY W. H. DICKINSON, M.D. CANTAB., F.R.C.P.,
SENIOR ASSISTANT-PHYSICIAN AND LECTURER ON PATHOLOGY, ST. GEORGE'S HOSPITAL.

THE paper is a contribution to the morbid anatomy of alcoholism founded upon a comparison of post-mortem appearances between persons trading in liquor and persons occupied independently of it, and not known to have been drunken. The assumption that people who get liquor for nothing drink more than those who have to pay for it, is, the author said, justified by the common tendency of mankind, as well as by the notorious inebriety and liability to delirium tremens of potmen, waiters, cellarmen, draymen, brewers, barmen, and publicans—the chief members of the liquor-trading class. The paper is based upon an analysis of the post-mortem and case books of St. George's Hospital for a period of thirty years. This comprised the particulars of the examination of the bodies of 149 traders in liquor. For comparison, there were taken from the same source the same number of examinations of persons otherwise and very variously employed, chosen by rule so as to afford a fair standard. The full details were tabulated and laid before the Society. Tabular abstracts, representing the condition of each organ in the two classes, were incorporated in the paper.

The two classes were first compared with reference to the distribution of in-door and of out-door occupations, in order to ascertain how far any morbid differences might be due to a different measure of exposure to weather. The result was that of the alcoholic traders four to three, of the non-alcoholic three to four, worked in-doors; no great disparity.

A comparison of the ages at which the members of each class died showed that to trade in liquor costs 3¼ years of life; the alcoholic trader dying on an average at the age of 36·8 years, the non-alcoholic at 40·6 years; the shortness of life on both sides being partly due to the calculations referring only to hospital patients.

The morbid changes belonging to the two series were then considered in detail, the organs being taken in the order in which they would be reached by a fluid absorbed by the veins of the stomach.

Passing over the stomach, the changes in which are not always evident to rough morbid anatomy, it was shown, with regard to the liver, that in the alcoholic series was a great and unmistakable increase of cirrhosis, which disease was found in twenty-two persons of the alcoholic, to eight of the non-alcoholic series; the liability to cirrhosis being thus nearly trebled by a liquorous pursuit. Fatty degeneration was also increased.

In the lung, pneumonia proved to be rather less frequent with the alcoholic, but empyema, as distinguished from simple pleurisy, belonged especially to the alcoholic series. The most important conclusion related to tubercle, which in every shape was most frequent in the alcoholic traders. As the relation between alcohol and tubercle has been the subject of some difference of opinion, it was shown in detail that under alcohol every kind of disease of the lung to which the term tubercular could be applied was increased. The increase, however, was greatest where the disease was certified as truly tubercular by the concurrence of disease of the same kind in other organs. This multiple form of the disease affected thirty persons of the alcoholic series, nineteen of the non-alcoholic. Tubercle, including all kinds, affected the lungs in sixty-one persons of the alcoholic, to forty-four of the non-alcoholic class. It was further shown that in each of the following organs—the brain, the liver, the kidneys, the spleen, bowels, mesenteric glands, and peritoneum, tubercle was at least twice as common in the alcoholic as in the non-alcoholic category. The conclusion is inevitable that alcohol engenders tubercle.

As to the heart and arteries, atheroma and fatty dege-

neration were found most numerously in the alcoholic series; endocarditis and pericarditis in the non-alcoholic. With regard to pericarditis, though less frequent under the influence of drink, it was more often suppurative, following the same rule as pleurisy. Hypertrophy of the left ventricle, unconnected with valvular or aortic change, dependent therefore upon minute arterial change, such as is often associated with granular degeneration, was also most frequent in the alcoholic series, and its excess was greater than could be explained by the increase of renal disease.

The brain in the alcoholic class displayed a marked preponderance of inflammatory affections of every kind, and of hæmorrhages. Under the same influence there was also a decided excess of such accumulations of watery fluid as indicate that an atrophic process has taken place in the cerebral substance.

Next were considered the morbid results of accidents and injuries in the two classes. It was found that in the alcoholic class the power of healing was weakened and processes of repair rendered slow and unsafe by liability to diffuse cellulitis, and, in general terms, by the substitution of purulent and non-adhesive products, apt to spread and disseminate, for those of the adhesive and circumscribing sort.

Lastly were considered the kidneys, which have been credited with a morbid susceptibility to alcohol much in excess of what is warranted by facts. These organs were described as natural, or presenting no change beyond simple congestion, in almost exactly the same number of cases in the two series. Tangible renal changes were noted in eighty-two persons on the alcoholic side, in eighty-three on the non-alcoholic. Thus, if one kind of renal change is encouraged by an alcoholic pursuit, others are to some extent diminished, so that the total is unchanged. Under alcohol the most marked excess was in the number of kidneys described as enlarged, coarse, and congested. Lardaceous disease, possibly in connexion with the fewer accidents among the traders in liquor, and also the large white kidney of tubal inflammation, occurred most often in the non-alcoholic list. With regard to the intertubal or fibroid change, this occurred as granulations in thirty-one of the alcoholic to twenty-seven of the non-alcoholic category. This slight preponderance under alcohol of the granular kidney was accompanied by a more than proportionate prevalence of vascular disease, as evinced by apoplexy and simple hypertrophy of the heart. Thus, under alcohol, acute, active, and obvious forms of renal disease were partially replaced by the chronic, insidious, and latent. With liquor was a smaller amount of dropsy and of discovered albuminuria, and a smaller number of deaths directly attributable to renal disease, but a larger amount of cerebral uræmia, apoplexy, and cardiac change. From the information comprised in the tables, to which was superadded a comparison of the condition of the kidneys in fifty eight persons who had died with delirium tremens, and the same number who were killed by accident, without that complication, it was inferred—firstly, that alcohol has no effect in causing lardaceous disease; secondly, that it promotes granular degeneration, though not to an extent commensurate with the arterial change; thirdly, that the frequency of active nephritis is not increased by alcohol, though fatty and other latent tubal disturbances often result from this agent; lastly, that the kidneys are, on the whole, affected less injuriously by liquor than are the liver, the lungs, the bloodvessels, and the nervous system.

The general conclusions of the inquiry were thus summed up:—

"Alcohol causes fatty infiltration and fibroid encroachment; it engenders tubercle, encourages suppuration, and retards healing; it produces untimely atheroma, invites hæmorrhage, and anticipates age. The most constant fatty change, replacement by oil of the material of epithelial cells and muscular fibres, though probably nearly universal, is most noticeable in the liver, the heart, and the kidney. The fibroid increase occurs about the vascular channels and superficial investments of the viscera, where it causes atrophy, cirrhosis, and granulation. Of this change the liver has the largest share; the lungs are often similarly but less simply affected, the change being variously complicated with, or simulative of, tubercle; the kidneys suffer in a more remote degree. Alcohol also causes vascular deteriorations which are akin both to the fatty and the fibroid. Besides tangible atheroma there are minute changes in the arterial walls, which show themselves by cardiac hypertrophy and cerebral hæmorrhage. Drink causes tuberculosis, which is evident not only in the lung but in every amenable organ. Drink promotes the suppurative at the expense of the adhesive process, as seen in the results of pneumonia, of serous inflammations, and of accidental injuries. Descending from general conditions to the individual organs, the effect of alcohol upon the nervous system must be looked upon as special, and taken by itself. Apart from changes which, like delirium tremens, are more evident during life than after death, the brain pays a large reckoning in the shape of inflammation, atrophy, and hæmorrhage. With regard to the other organs, they are damaged by alcohol much as they stand in its line of absorption. Next to the stomach the liver suffers, by way of cirrhosis and fatty impregnation. Next the stress falls upon the lung, taking every shape of phthisis. A large share in the pathology of intemperance is also taken by the arterial system, as seen in its results—atheroma, cardiac hypertrophy, and hæmorrhage. Lastly, the kidneys, more remotely exposed, have a smaller participation in the common damage of alcoholism. They undergo congestive enlargement, fatty and fibroid change, but they do not suffer commensurately with the bloodvessels, or as frequently as the other viscera.

"So far we have seen only the ill which alcohol produces. It may be asked, Is there none which it obviates? Apart from its medicinal action, which the evidence before us does not touch, has it no *per contra* of prevention? It is not easy to answer this inquiry. Some active inflammations, such as pneumonia and endocarditis, are diminished in the alcoholic trades; but it must at once be seen that the increase of the alcoholic disorders must necessarily cause an apparent diminution in all which are unaffected by this agent. A man may be saved from pneumonia or acute rheumatism, not because alcohol is antagonistic, but because it kills him prematurely in another way. He can die but once. Therefore, though under alcohol some forms of disease are comparatively infrequent, we must use much caution in concluding that it has a directly preventive influence. Nevertheless, it may be laid down as an axiom that any drug which can do harm can do good. Disease is most various, and may, or rather *must*, represent contrary conditions. It may be positive or negative, plus or minus. Too much or too little of any of the shapes of heat, food, and work, may spoil the equipoise of health. If a drug promotes one change, it may prevent its opposite. Alcohol certainly gives an asthenic type to disease. Although we cannot as yet say that it defibrinates, yet it retards adhesive and plastic processes. This influence may be beneficent if it hinders the development of acute inflammation, and obviates the formation of coagula where, as in acute rheumatism, the process is harmful. It is possible that by some such antagonism we may explain the remarkable paucity of endocarditis in the alcoholic series. But, at the best, the protecting is less certain and less effective than the deteriorating influence. In brief and final enumeration, alcohol replaces more actively vital materials by fat and fibrous tissue; it substitutes suppuration for new growth; it promotes caseous and earthy change; it helps time to produce the effects of age; and, in a word, is the genius of degeneration."

Dr. ANSTIE said that the paper contained facts of high interest, but which required consideration as to how far the number of cases warranted the conclusions; those cases only having been included where alcohol had been taken in excess, and thus a large number of persons subject to chronic alcoholism have been included. He did not agree with the conclusion as to the suppurative form of inflammation being the more common. With regard to the frequency of cirrhosis, Dr. Anstie would say, from his experience of over thirteen years, in which he had seen a large number of patients suffering from the effects of chronic alcoholism, that it was rarely met with; he had only seen thirteen cases in which there were symptoms of cirrhosis, though some of the patients had been under observation for ten years. He agreed with the prominence given to nervous change and symptoms; they were always in advance in the effects of alcohol. It was interesting to note how frequently inflammatory changes, such as slight attacks of inflammation of the brain occurred, delirium and

convulsions, and from which the patient recovered. He thought the effects of alcohol, long continued, tended to the fibroid form of phthisis. He was pleased to see that the tables showed that kidney disease on a large scale was not increased by alcohol; this had been shown by statistics collected in Glasgow. He believed the notion arose from false ideas of the elimination of alcohol by the kidneys—too much work was thrown upon them, so causing degeneration.

Mr. SAVORY observed that the abuse of alcohol appeared to shorten life by about three years and a half. Might there not be an error through not comparing the number of patients in hospital and the mortality with that of the whole population?

Mr. POWER drew attention to a form of disease attending spirit-drinking—namely, atrophy of the optic nerve; patients came complaining of dimness of sight, and on examination a whiteness of the optic discs from nerve declension was observed. This condition was relieved by abstaining from alcohol, and taking strychnine and iron.

Dr. GREEN said that the nature of the change appeared to be a fibroid degeneration, a chronic inflammation of the various organs. He thought the difference of opinion as to the frequency of cirrhosis of the liver was owing to the different sense in which the word was used—Dr Dickinson applying it to what was observed at the post-mortem examination, Dr. Anstie to clinical observation. Often the fibroid tissue was found increased at the autopsy, whilst no symptoms had been observed during life.

Dr. SYMES THOMPSON said the fact that suppurative pericarditis and purulent pleuritic effusions were common in spirit-drinking was of importance in diagnosis. It was often difficult to decide whether pus or serous fluid were present, but the knowledge that the patient was given to drinking would determine an early operation. Whether pneumonic change was frequent or not from the abuse of alcohol, all agreed that chronic lung disease often occurred, and the chronicity was due to the fibroid change.

Dr. ANSTIE observed that suppurative pleurisy was most common in children.

Dr. DICKINSON, in reply, said he regretted the fewness of the cases, and wished they were more numerous; still they extended over thirty years. The paper was based upon post-mortem observations, which he considered more valuable than clinical observations. He was aware that suppurative pleurisy occurred in children, but drinking caused it in adults. In his tables there was no case of empyema, except on the alcohol side, in which series there was also a tendency to suppuration in other organs—pericardium, &c.—and from injuries. He thought it would have been better to take the proportion of patients in hospital to the population, and thus an error may possibly have occurred.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 14TH, 1872.

THOMAS BRYANT, F.R.C.S., PRESIDENT, IN THE CHAIR.

THE PRESIDENT announced that new premises had been taken for the Society at Chandos-street, Cavendish-square, and as they seemed to be everything that was desirable, he asked the support of the Fellows for the Council, who had taken a great deal of trouble to secure so eligible a place.

A vote of thanks was then proposed by Dr. HARE, seconded by Mr. WM. ADAMS, and carried unanimously.

Mr. FRANCIS MASON showed a patient upon whom he had operated about a year and a half ago, for ununited fracture of both bones of the left forearm. The patient had, two years previously to the operation, fallen down a flight of stairs, sustaining a severe compound fracture of the radius and the ulna. The arm was perfectly useless, and the question of amputation seriously entertained. Mr. Mason then briefly described his method of securing the fragments, which consists of transfixing them with a needle, and taking a loop of wire, either simply or in a figure of 8 form, round the needle, the end of the wire and that of the needle being made to emerge from the same aperture in the skin. Mr. Mason likened the proceeding to the usual operation for harelip, and to one form of acupressure; by withdrawing the needle the loop of wire is necessarily released. The bones were firmly united; the patient could grasp well, and stated that she could perform her ordinary duties very satisfactorily.

The PRESIDENT then brought forward two cases—the first was one of Eruption after taking Chloral. W. C——, aged nineteen, was admitted into Guy's Hospital with fracture of the left great toe. While engaged rolling a heavy piece of iron along the ground on wooden rollers, the iron slipped off and fell on his toe, smashing it very much. There was a good deal of bleeding. After nineteen days' treatment symptoms of tetanus were noticed, and chloral hydrate, twenty grains; syrup of oranges, one drachm; water, one ounce, were given four times a day. Seven days after the boy had a rubeoloid eruption, which lasted three or four days, when chloral was given up; the tetanus got worse, and a subcutaneous injection of morphia, in addition to chloral, was administered; the eruption had disappeared, but recurred on the readministration of the chloral. Ultimately the boy recovered. A similar eruption had been noticed in another patient at Guy's while taking chloral. Case 2 was that of a man thirty-eight years of age suffering from a Tumour of the Palate, which had been growing for eight years. The growth of the tumour was slow, and it was thought not to be cancerous. The patient desired chloroform, but it could not be given to the full extent. Tracheotomy was then performed, and a valuable instrument (a canula) invented by Dr. Trendelenburg was inserted. This instrument prevented blood from running down the trachea. The patient recovered completely and with great rapidity. The tumour was of a fibro-plastic character.

Dr. WILTSHIRE doubted, with regard to the first case, whether the hypnotic action of chloral could be due to the evolution of chloroform from decomposition by alkali in the blood, seeing that the amount of chloroform so derived must be very small.

Mr. W. ADAMS thought the second case a very successful one. He gave some account of a similar case which is recorded in the Transactions of the Pathological Society. He used a gouge in the operation.

Dr. HESSE of Leipzig said he had seen Dr. Trendelenburg's instrument used in Berlin.

Mr. W. MACCORMAC said the instrument had been used in Germany, and quoted the statement recently made to him by Dr. Schoenborn of Königsberg. This instrument was a great comfort to surgeons operating upon the mouth or jaws. He asked what extra risk was caused by the operation of tracheotomy? He thought it must be great to counterbalance its great advantages.

Dr. VEIEL of Stuttgard had seen this instrument used last winter in Berlin, by Dr. Langenbeck, for an operation on the tongue. Dr. Langenbeck had stated at a congress of German surgeons that he thought the operation of tracheotomy almost devoid of risk.

The PRESIDENT thought that the operation of tracheotomy should not be dissociated from the disease necessitating it; in this case it was rather to be regarded as a simple incision.

Dr. WILTSHIRE brought forward a case of so-called Uterine Hydatids, the true nature of which, he explained, consisted of mamiliform enlargements of the villi of an imperfectly developed chorion or placenta. He had seen the case in consultation with Dr. Ayling. The patient was in a typhoid condition, with a quick pulse and a high temperature. There had been great loss of blood and offensive discharge for weeks. More than a quart of diseased chorion villi were removed, and the patient made a good recovery. The discharge was not due to a parasite, but to a degeneration of chorion villi, a good name for which was vesicular mole. The character of such growths was explained, and the importance of perfect removal dwelt on. The significance of hardening in uterine tumours was pointed out.

Dr. GREENHALGH agreed with Dr. Wiltshire's observations, and said that he had only seen five cases. They were of a very puzzling character, and the name proposed by Sir James Paget was appropriate—viz., vesicular mole. He quite concurred with Dr. Wiltshire that hardening of the tumour was very significant of its uterine character.

Mr. PETER MARSHALL thought great credit was due to Dr. Wiltshire for the diagnosis of this case, and said he had noticed a rancid taste in the mouth in two cases he had seen.

The PRESIDENT mentioned a case of hydatids of the

uterus, following cystic disease of the breast, and in which he saw true hydatids pass per vaginam.

Dr. GODSON and Dr. BLOXAM also stated their experience.

Mr. BRYANT showed Sections of Stones which he had removed. One was a stone within a stone; the others, four in number, coexisted in a man's bladder without facetting or having any evidence of friction.

Dr. THUDICHUM suggested that the calculi were in active process of formation, and therefore no time had been afforded for facetting or smoothing.

Reviews and Notices of Books.

The Pathology, Diagnosis, and Treatment of Diseases of Women; including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D. 3rd Edit.; pp. 730. London: Longmans. 1872.

UNDER ordinary circumstances, the appearance of a third edition of a work like the one before us requires but a very brief notice; but, though the bulk of the volume is very slightly increased, much new matter has been added, some change has been made in its general arrangement, and views of a very pronounced kind are now put prominently forward on questions about which very divergent opinions are entertained by some of the leading gynæcologists of this country. There is therefore much scope for criticism on the changes which have been introduced into the present edition.

Speaking generally, we should say that this is decidedly an improvement upon the two former editions. When the work first appeared we did not hesitate to express our opinion as to the extremely inconvenient arrangement of its contents. In this respect the second was a great improvement upon the first edition, and the present has advanced still further in the same direction. Still there is room for further improvement in this respect, for the order and arrangement of the subjects seem to follow no natural or any other law, and hence a somewhat confused impression is produced in regard to the whole work, which a more orderly arrangement would obviate; while at the same time, as a work both for study and reference, its value would be greatly enhanced. In short, the defects apparent in the first edition seem still to cast their shadow over the third; but as it is now only a shadow, we hope even this will disappear in the next edition. In the second edition the work was divided into two parts, the first of which treated exclusively of Diagnosis, the second of Pathology and Treatment. In the present edition these two parts are more or less blended together, or at least considered in the same chapters which treat of the several diseases, so that the work now approaches more nearly the arrangement usually adopted in books of this class. In addition to these changes as regards the plan of the work—changes which are certainly to be commended, for they greatly enhance its utility—about twenty new illustrations have been added, most of which are original; these are well executed, and are a great assistance in the study of many difficult questions of gynæcology.

Dr. Graily Hewitt is well known as a strong advocate of what he himself terms "the 'mechanical' system of uterine pathology"; he may, in fact, be regarded as the great champion of that system—and we hardly think he has an equal in this respect. He tells us in his preface that this system is not a mere speculative theory, that it commends itself to his judgment as true, because he has found it in conformity with daily observation for the past five or six years, and accordingly he feels himself warranted in giving so decided a public expression to his views.

It will be understood, of course, that we are referring especially to the subject of the various displacements of the uterus, and as to the best methods of treating them; and it seems now no exaggeration to say that, with the exception of such conditions of the uterus as cancer, fibroid tumours, and growths of various kinds, Dr. Graily Hewitt believes that all other morbid conditions of the uterus are in some way or other related to and a consequence of some form of displacement; so that the study of these displacements is "the end and aim of the pathology of the uterus." It is by reference to these that he seeks "to explain how and why it is that the uterus becomes affected with inflammation," and he expresses his decided conviction that "facts incontrovertibly appear to show that, instead of beginning with a description of inflammation of the uterus as the starting-point in uterine pathology, we have to begin with certain alterations of the uterus which very commonly,—nay, almost constantly—cause this inflammation—viz., those alterations in the form of the uterus which are now spoken of as flexions." Now, to this doctrine we venture to demur.

Dr. Hewitt affirms that patients suffering from symptoms of uterine inflammation are almost universally found to be affected with flexion or alterations in the shape of the uterus. We cannot agree with him in this view; we have seen, and no doubt others have also, hundreds of cases with the symptoms in question, yet without any sort of uterine flexion or alteration in its shape. Nor is this all. We have seen a considerable number of cases of uterine flexion (some of them very acute) presenting absolutely no symptom whatever. How are these to be explained if it be true that flexion of the uterus constantly produces inflammation of that organ? Scarcely a day passes that we do not hear complaints about our gynæcologists taking too mechanical a view of their system of pathology; it is said that they are fast becoming mere mechanicians; and a perusal of these pages will, we fear, tend to strengthen and extend this impression. We regret, therefore, the very pronounced views which Dr. Graily Hewitt has herein advocated, and that he should have given the great weight of his name and authority to such a system as this.

With regard to other parts of this work, Dr. Hewitt shows himself a thorough master of his subject. His descriptions of the various diseases are carefully and accurately drawn, and it is evidently a strong point with him to make the subject of diagnosis as clear and easy as may be. We are surprised to find that neither in the table of contents nor in the index is any mention made of the subject of pelvi-peritonitis, and that no allusion to it occurs in the text except casually in the chapters on pelvic cellulitis and ovaritis, where the opinions of Bernutz on the question are dismissed as untenable, and it is even hinted pretty plainly that he mistook pelvic cellulitis for pelvic peritonitis. We do not feel called upon to defend the diagnostic skill of that authority; but we have no doubt whatever about the not infrequent occurrence of the latter affection. In this respect we agree with Professor Thomas, of New York, and with him we believe them to be perfectly distinct diseases, readily diagnosed, and, in some important respects, presenting different therapeutical indications.

The chapter on fibroid tumours of the uterus is carefully written as regards diagnosis, and the directions for their surgical treatment are judicious. So also, in the main, are the recommendations for the medical treatment of these cases, although we could have wished for a less uncertain opinion on the value of drugs in promoting the absorption of these growths; and we are sorry to find that the exhibition of mercury to "a state of slight mercurialism," as well as the rubbing into the abdomen of iodine ointment, are spoken of as proper remedies for this purpose.

The three chapters devoted to the subject of diseases of

the ovaries present a good *résumé* of these several morbid conditions, but they are, unhappily, marred by the forced introduction of the author's peculiar views of "the mechanical system of uterine pathology." It might have been thought that here, at least, no place could be found for its application; but we find that even in the section on inflammation of the ovary, the pain in the ovarian region which so constantly occurs in connexion with that condition is ascribed to "anteflexion of the uterus." One can hardly believe the extent to which this "mechanical system" has been carried. Of ovariotomy Dr. Grailly Hewitt here records fifteen cases, ten of which were successful, and, in addition, there are particulars of five cases of exploratory operations, two of which ended fatally. In the treatment of the pedicle, which we regard as the most important point in connexion with this operation, we find that the author used some form of clamp in ten cases, eight of which recovered; the actual cautery was employed in two cases, of which one died. The ligature was used and the pedicle returned in three cases, two of which ended fatally. We are glad to find that medicines are not recommended to promote the absorption of these tumours, although the use of iodine is countenanced "in the early stage."

As we have said, this present edition is a great improvement on its predecessors as regards its general arrangement, and it is with regret that we have felt compelled to express our disapproval of much which it contains; but as the author is anxious "that misconception may not prevail as to the precise nature of the end and aim of the pathology of the uterus which he now seeks to develop in detail," he will probably not be sorry that we have called attention to it thus prominently.

The Principles and Practice of Surgery. By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., Professor of the Practice of Surgery, with Operations, and of Clinical Surgery, in Bellevue Hospital Medical College, &c. Illustrated with 467 Engravings on Wood. New York: William Wood and Co. 1872.

THIS is a handsome volume of upwards of 900 pages, divided into two parts, General and Regional Surgery. The first part comprises twenty-four chapters, those from one to five treating successively of inflammation, abscess, ulceration, gangrene, and tetanus. The pathology of inflammation can hardly be considered to represent the views of recent observers, being based upon the opinions of the older writers on the subject. Under the heading of ulceration, there is a pretty full account of "healing of ulcers by transplantation."

The next chapter, treating of wounds, is a long one, extending from page 75 (wrongly stated in table of contents as 70) to page 122 inclusive. This portion of the book is extremely well done; the information under the subheadings "arrow wounds" and "poisoned arrows" being very interesting as well as complete. Section 6 of this chapter, on gunshot wounds, is well written from a surgical point of view, affording excellent and concise directions in the several varieties of these injuries. However, in figuring the various small-arm missiles in use, the author omits the latest forms of rifle bullet, no representation being given of either the needle-gun or chassepôt bullets, nor indeed of those used with the latest English or American rifles. He confines himself to copying a drawing from Circular No. 6 of the Surgeon General of the United States Army, representing only four of the older bullets—viz., the American round ball, the Enfield, Austrian, and Springfield.

The six following chapters, treating of injuries by venomous insects and serpents, hydrophobia, glanders, malignant pustule, and dissection wounds, contain little worthy of special notice. Venereal diseases, divided into gonorrhœa, chancroid, and syphilis, are fully and fairly well managed, the latest views being adequately specified. The author is in favour of the use of mercury in the treatment of almost all forms of true infecting syphilis.

In Chapter XIV. lesions of the vascular system and the several modes of arresting hæmorrhage by acupressure are described in detail; and a drawing is given of a new instrument, called the artery constrictor, devised by Dr. Spier, surgeon to the Brooklyn City Hospital, for closing a bleeding artery by "crushing" or "constriction." Affections of the lymphatic system, "lymphatitis" and "adenitis," are introduced here.

Very useful practical information is contained in the five succeeding chapters, comprising aneurism, fractures, dislocations, amputations, and excisions. The illustrations of this portion of the work are both excellent and numerous, the selection being well made, although we may mention that many of them are familiar old friends. Chapters XX. to XXIII. inclusive, are devoted to diseases of the bones, of the joints, of the spine, and to club-foot, affording very complete and accurate surgical knowledge under these several headings; but we were surprised to find pyæmia treated solely as a sequence of osteo-myelitis, and dismissed in a few paragraphs introduced between the accounts of the symptoms and treatment of the last-named affection.

The subject of tumours concludes the first part of the book, and is dealt with at considerable length. The author adheres to the classification which has been in use amongst surgeons—both English and American—for many years; since, indeed, the time when Paget first wrote about growths. Although by no means exhaustive, the information is sufficiently ample for a treatise on surgery, and the histology is, in each instance, illustrated by drawings of the microscopical appearances.

The second part—Regional Surgery—is divided into eighteen chapters, commencing with injuries and surgical diseases of the head, arranged in five sections: scalp, concussion and contusion of the brain, compression, fracture of the skull, and hydrocephalus. The eye, ear, and nose occupy the second, third, and fourth chapters respectively. The ophthalmic and aural portions are well written and effectively illustrated. Then follow chapters devoted to the lips and palate, the buccal cavity, the maxillary bones, and the teeth. Laryngoscopy, with plain directions and illustrations for the use of the instruments, closes Chapter IX., on "the surgery of the respiratory organs in the region of the neck."

The surgery of the thorax is subdivided into two sections—thoracentesis, and malformations and surgical diseases of the mammæ. Chapter XIV., on abdominal hernia, is well put together, giving full details respecting the several varieties of rupture, as well as a very impartial statement of various plans proposed for the radical cure of inguinal hernia. In discussing the surgery of the rectum the author offers a brief account of existing opinions and treatment of diseases of this part. In the treatment of internal hæmorrhoids, after enumerating the various modes of operating in this affection, he states "the ligature alone has endured the test of time and experience." He figures a "rectilinear écraseur" which crushes the pile, a ligature being subsequently applied to the pedicle; but no allusion is made to the various clamps—or treatment therewith—employed by many surgeons in this country. The volume ends with two long chapters on the surgery of the genito-urinary organs, male and female. The drawings of the numerous instruments employed in operations in this region are very complete, especially those intended for the treatment of stricture of the urethra, and for use in lithotrity and lithotomy. The surgery of ovarian disease is fully recorded,

and a strong claim is made for ovariotomy as an American operation. This work is profusely adorned with highly executed illustrations, the arrangement is convenient for reference, and the letterpress is excellent.

A VISIT TO H.M.S. "GOLIATH."

THE *Goliath* training ship, now moored off Grays, Essex, is an experiment, and it may be emphatically said a successful experiment, showing what may be done towards improving and reclaiming the children of the poor that throng our unions, by making a judicious use of means already at hand. The idea appears to have originated with Mr. Goschen, who, observing the difficulty that the boys educated in district schools experienced in entering upon active life, was struck with the advantage that would result if a ship were provided in the Thames for training such boys for the sea. Mr. Goschen's suggestions were adopted by the Admiralty, and the *Goliath*, an old eighty-four gun wooden line-of-battle ship, of some 2500 tons burden, and in excellent repair, was placed at the disposal of the managers of the Forest-gate school district, which included the large, populous, and poor unions of Hackney, Poplar, and Whitechapel.

The managers at once accepted the charge, and elected Captain Bourchier as the captain-superintendent. They could not, we think, have made a more fortunate choice. Captain Bourchier is in every sense the right man in the right place, uniting great kindness of disposition and decision of character with a just conception both of the objects in view and of the best method of carrying them out. In an address read recently before the Society of Arts, and since printed, Captain Bourchier has very clearly pointed out the more immediate aims of this institution. They are, he says, to train boys up to the sea service, either in the Royal Navy or in the mercantile marine; but should a boy show more predilection for some other walk in life than that of a sailor, it is still intended that his training should include other matters, such as music, which will enable him to obtain a good living as a bandsman, either in the army or the navy. "Again, boys are here trained as tailors, who would, perhaps, from the high standard required by the rules of the Royal Navy, or from some physical disqualification, be prevented from entering that service; and so all are made to take a hand in carpentering, shoemaking, &c." Thus every lad is taught systematically, and for a length of time sufficient to enable him to learn them well, several occupations, by one or other of which he may subsequently obtain his living, whilst the very important habits of cleanliness, self-reliance, and steady application, are by frequent repetition and constant exercise permanently instilled into him.

The first batch of boys was received on board on the 19th of October, 1870, and at this date there are upwards of 400 boys who receive an excellent education, and are well clothed and fed, at a very moderate expense (indeed, if we remember rightly, below the actual cost) to the ratepayers of the above unions.

No pains are spared by the captain and his officers to make the boys smart and sharp, and it is pleasant to see the activity and precision that prevail amongst the 400 little fellows when the alarm of fire is rung out. In some time under half a minute every boy is at his post, each one in no spirit of mere mechanical compliance with orders, but with an intelligent appreciation of his duty. By introducing a system of grades and ranks, and by the judicious distribution of slight rewards and punishment, a strong and healthy spirit of emulation has sprung up, which speaks well alike for the wisdom of the officers and the healthy tone of the minds of these poor boys. All are taught music and singing. We heard a short piece very creditably performed by some five-and-twenty on wind instruments, and the grace was capitally chanted. Captain Bourchier observes:—

"I have known many boys when they first came on board to be very dull and discontented, but they get over that in a short time; they find every one is kind to them, the food is so much better than they have been accustomed to, the clothing warmer, the boat-rowing, going aloft, climbing and crawling about in the rigging, which they are allowed to do in their own way during their play hours, the fun and games that they can join in, all more of a manly tendency than those they had at their schools, and, above all, the varied occupation, which more than anything serves to awaken and brighten the dull stupid look that generally pervades these boys when they first come, make them so fond of the life they lead on board, that, although they are repeatedly asked by their guardians, who come down to visit the ship from time to time to see the boys whom they have placed there, whether they would like to go back, the answer is invariably, 'No, Sir.' The necessity of being enabled to get their own living is constantly placed before them, and makes them anxious to leave the ship for situations, either at sea or on shore; but they never manifest the slightest disposition, even after punishment, to go back from whence they came."

Whilst we were on board an incident occurred which strikingly exemplified the advantage of one part of the system. Whilst conversing with the captain a sudden cry and the rush of many little feet were heard. On looking out of the stern windows a little brown head and a blue jacket rose from the depths and seized the mooring cables. "Hallo, who's that?" sang out the captain. "Only Lewis, Sir." "Can you swim?" "Yes, Sir"; and almost before the words were out of his mouth the little fellow was hauled on board the boat that had instantly been lowered. An hour after this we saw him running vigorously with the rest to the station when the alarm fire-bell was rung, though he looked as though he might have been intent rather on cultivating that power than of extinguishing it.

The subjoined scale of rations will show the quantity and nature of the food supplied, and may prove useful as a guide to other similar institutions.

Notwithstanding the very favourable conditions under which the boys are placed, they are liable to a form of conjunctivitis which has existed to a greater or less extent for some time past, but attacked a considerable number (sixty or seventy) of the boys in August last. As there are no means by which the isolation of those affected can be conveniently carried out on board, it was deemed advisable that all the ophthalmic cases should be sent to the "Seamen's Hospital" at Greenwich till a suitable house could be obtained on shore, and thither the majority have accordingly been transferred.

The symptoms described to us by the surgeon, Mr. Roworth, and borne out by one or two cases we saw on board, were those of ordinary contagious ophthalmia, the attack being characterised by conjunctivitis either of a catarrhal or of a phlyctenular character, some exhibiting considerable chemosis with purulent discharge and hypertrophy of the papillæ of the palpebral conjunctiva, others evincing a tendency to the formation of small pustules around the cornea, with considerable lachrymation and photophobia. The treatment adopted was very judicious, consisting of the instillation of weak astringent lotions, frequent washing of the eyes with cold water every three hours, with such general treatment as seemed best adapted to the case, including cod-liver oil, quinine, iron, iodide of potassium, and extra diet (port wine and mutton chops). It is satisfactory to find that up to the present time no case of permanent injury has occurred.

In casting about for the circumstances which might explain the persistence of this disease, we naturally looked carefully to the ventilation of the sleeping decks. This, however, appeared to be excellent. The boys sleep in hammocks, slung, doubtless, very much more closely than the beds are arranged in our ordinary hospitals and infirmaries; but at the same time it must be remembered that the circulation or interchange of fresh air on board is very much

freer than in a building; whilst by a clever arrangement, although the portholes are closed on the windward side, a current of air is transmitted from each, through a trunk or tube in the side of the vessel to the level of the deck, which acts so well that the captain assured us that the lower deck was as sweet at six in the morning, when the boys turned out, as in the middle of the day.

Our attention was next directed to the lavatory arrangements, as the most likely means by which the disease could be propagated, and here we think decided improvements could be introduced. There are a considerable number of wooden troughs under cover in the fore part of the ship on the upper deck, as large as an ordinary washing-basket (40×30×20 inches, or thereabouts), which are nearly filled with fresh water, and in each of which from four to five boys wash. They have a single large towel amongst them. After they have washed the water is turned out, and the vessels lightly rinsed with a little weak carbolic acid and water. It must be obvious that such an arrangement greatly facilitates the extension and propagation of disease which, like that under consideration, is known to be contagious. Wooden vessels continually soaked in soapy and dirty water acquire a peculiar odour which even a strong solution of carbolic acid is incapable of removing, and it is easily intelligible that the germs of disease may remain adherent to or lie concealed in the cracks and crevices of the wood. We would strongly impress on the managers of the Forest-gate District Schools, who have shown themselves to be liberally-minded men in other matters, the advisability of utterly discarding and abolishing the use of these wooden vessels, and of substituting in their place a sufficient number of large iron basins, lined with a white glaze, and to permit each boy to have his own. The cost would be small, and the probability of stopping the further progress of the disease very great indeed. The supply of towels is a less important subject, but we cannot help expressing our opinion that here, also, every boy should have a separate one for his special use. We are aware that various difficulties stand in the way of these alterations, but we feel confident that the managers will aid their Captain-Superintendent in preserving what is of the first importance—the health of the boys under their control.

TEMPORARY SCALE OF RATIONS FOR THE BOYS ON BOARD THE "GOLIATH" TRAINING SHIP.

	Breakfast.		Dinner.								Supper.	
—	Bread.	Oatmeal, with sugar and milk.	Man-o'-war's soup.	Fresh beef, cooked.	Meat, cooked.	Potatoes.	Bread.	Flour.	Suet.	Raisins or currants.	Biscuits.	Cocoa with sugar.
	oz.	Pint.	Pint.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	Pints.
Sunday	8	—	—	5 (Baked or roast.)	—	8	3	4	¾	1½	6	⅜
Monday	8	¾	¾	5	—	8	3	2½	—	—	6	⅜
Tuesday	8	¾	—	—	5 (Australian mutton.)	8	3	—	—	—	6	⅜
Wednesday ...	8	¾	—	—	5 (Sea-pie.)	8	3	4	—	—	6	⅜
Thursday ...	8	¾	¾	5	—	8	3	2½	—	—	6	⅜
Friday	8	¾	—	—	5 (Australian mutton.)	8	3	—	—	—	6	⅜
Saturday ...	8	—	—	—	5 (Sea-pie.)	8	3	4	—	—	6	⅜
Total... ...	56	3¾	1¼	15	20	56	21	17	¾	1½	42	4⅜

[1] Pepper as may be necessary. Salt *ad libitum*. Vegetables on soup days. An occasional 3 oz. of biscuit with 2 oz. of cheese in excessive cold weather, or for boats' crews if much exposed to wet weather, at the discretion of the Captain-Superintendent. 2 lb. of cocoa, 12 oz. of sugar, and water sufficient to make 3 gallons of prepared cocoa for breakfast; ditto for tea, two-thirds of a pint morning and evening. 1½ oz. of oatmeal, ½ oz. of sugar, ¼ pint of condensed milk for ¾ pint of porridge for breakfast for five days in the week. ¼ pint of milk on Saturday and Sunday instead of porridge.

DIPHTHERIA IN VICTORIA.

A REPORT of a Royal Commission on Diphtheria, which we have recently received from Victoria, will certainly take its place among the curiosities of medical literature, if it cannot lay claim to any higher merit. The Commission appears to have been appointed in consequence of the "ravages" of the disease in the colony, and it was directed to inquire into the cause or causes of the appearance of diphtheria throughout the colony; the general and local aspect and sanitary conditions of places in which the disease has been known to have occurred; the progress of the disease throughout its various stages in certain ascertained and carefully observed cases; the treatment adopted therein; the result; the relation of diphtheria to other diseases, inferred or presumed; the question of contagious infection; and the best remedial measures. There is a novelty in applying the machinery of a Royal Commission to the elucidation of questions of human pathology and therapeutics, particularly the pathology and therapeutics of a sufficiently familiar disease, which is somewhat striking. The questions submitted to the Commission, with the exception of those relating to the origin and distribution of the disease in the colony, are not of a kind which it might be presumed, at the first glance, a Commission could deal with in any satisfactory fashion. The mode of taking evidence and of eliciting information by circulars, chiefly followed by the Commission, is almost necessarily fatal to that precision of statement which it is requisite should attach to scientific questions. The general want of precision in the evidence submitted to the Commission would be remarkable if it were not that it was to be anticipated from the means employed to elicit it, and this laxity is fully reflected in the Commission's report.

The Royal Commissioners were four of the medical men of the colony, and their work was carried on not without some friction among themselves and a part of the profession, amusingly shown in a prefatory letter of the chairman, and in the report itself (p. vi.). We pass over this matter, however, and turn to the report. Here, at the very out-

set, we seek in vain for the justification of the Commission. We are told that "the number of deaths from diphtheria registered during the two first years of its recognised existence in the colony, which is stated to have been, for 1858, 6 deaths, was for the following year (1859), 280, showing a most remarkable increase. This, however, was far exceeded in 1860, during which year 630 deaths were recorded. The number fell in the following year to 510; and since then—from 1861 to 1870 inclusive—the deaths ranged annually from 331 to 418. The total number of deaths up to that time was 4992" (p. v.). Not a word is said about the population of the colony, and no indication is given as to the proportion of deaths in the different years to the population of the colony, or to the deaths from other epidemic diseases. Again, it is stated: "It appears from the mortality tables, as furnished by the Registrar-General, that the disease is more fatal in females than males. We regret that, in our inquiries, we could obtain no evidence to account for this. The fact is remarkable" (p. viii.). The tables in question simply give the total mortality from the disease of each sex at all ages, and they yield no information as to the relative populations of the two sexes amongst which these deaths occurred. There is nothing whatever to show that the disease is proportionately more fatal among females than among males. A like looseness of statement and inference pervades the whole report. As to the origin of the disease in the colony, the Commission infers from some of the evidence laid before it that it had been observed there in 1854-5. The Commission further infers that the disease prevailed in Tasmania before it appeared in Victoria, and it concludes that it was most probably introduced into the colony from Tasmania (p. 6). The evidence upon which this conclusion is based is as follows:—One witness, who states that he never saw diphtheria until he came to Victoria, and whose "first cases were in 1857" (p. 7), states incidentally: "I know I had cases in Tasmania in a condition which I now recognise as the diphtheritic condition, from what I have seen in the colony"; and adds, "I never saw diphtheria in its true form till I came here" (p. 9). Another witness states: "I remember when I was practising in Tasmania we had an epidemic, a very severe one; two or three in a family died, and all the dogs died of distemper. I think it was about twenty years ago. It was in 1851 or 1852, and it raged very much over there in 1856 I think" (pp. 44-45). Now, Dr. Swarbeck Hall, in his latest report on the vital statistics of Tasmania (1872), states definitely that diphtheria "was unknown in Tasmania until January, 1859, when two cases occurred almost simultaneously in two inland districts fifty miles apart, the origin of which was never traced" (p. 15).

We shall not attempt to follow the Commission in its description of the disease. This adds nothing to our knowledge, and would ill replace in Australia that of our ordinary text-books of medicine. A remark under the head "Immunity" deserves notice—namely, "that the Chinese races are the only people known to be free from attacks of diphtheria; and in half-caste Chinese children instances of the disease are very rare, even in localities where it prevails extensively amongst other races." This statement no doubt refers only to the colony; and it would have been desirable to have had some more detailed evidence of its accuracy than appears in the report.

The question in the report which will excite most interest is that in respect of treatment, and this in regard to two points: first, the Commission insists upon the advantage of commencing treatment by a simple emetic; and next it writes almost enthusiastically of the value of sulphurous acid, administered in the gaseous form, and recommends the fumigation of patients by burning sulphur, much in the same manner as it is customary to recommend the fumigation of infected clothes and rooms. Sulphurous acid, says the Commission, is "a remedy which impresses on us the strongest conviction that if thoroughly and properly used, it would bring diphtheria into the catalogue of zymotic diseases the treatment of which is thoroughly under the control of the profession." It adds, "in adopting it there must be no half measures." The spray of sulphurous acid the Commission holds to be less trustworthy than the fumes of burning sulphur. "By keeping the apartment filled with the fumes of burning sulphur," states the report, "all risk of accident (from imperfect instruments) is avoided, and it has the further and most important advantage that it can be used with thorough effect in the case of children, without the desperate struggles, the depressing effect of which is so much deprecated by most intelligent practitioners." The report, in its concluding paragraph, states that the Commission "desires to record in the strongest manner its conviction of the absolute necessity of every householder in Victoria keeping a supply of sulphur in the house. Its fumes are the most powerful and valuable disinfectant we possess; and, in diseases of the throat and air-passages threatening diphtheria, it is a remedy which may on every occasion be used with the utmost benefit till medical aid is called in. Its extreme simplicity is a great recommendation; all that is required in its use is to sprinkle it on a piece of burning wood or a few live coals, in a room all the apertures of which are closed up, till the room is filled with fumes" (p. 16).

We could wish for more precise and detailed accounts of the mode of treatment and its results than the Commission has given us. We must take it to be more practicable to use fumigations of sulphur in the way indicated than has commonly been supposed in this country. If the suggestion should be borne out by experience, the imperfections of the report (almost a necessity from the form of inquiry adopted for such a subject) will be forgiven for the value of this one suggestion as to treatment.

Foreign Gleanings.

CASE OF TRAUMATIC MALIGNANT ONYCHIA SUCCESSFULLY TREATED BY MEANS OF NITRATE OF LEAD.

IN the *Ippocratico* of August 30th, Dr. D. Peruzzi has recorded a remarkable instance of the above, in the form of a letter addressed to Professor Vanzetti, who was the first in Italy to advocate the use of nitrate of lead in malignant onychia, and had been eminently successful in fourteen cases of the disease. Dr. Peruzzi's case was a very bad one; so bad, indeed, that amputation of the diseased part seemed the only possible procedure. It occurred in a youth of seventeen, of lymphatic constitution, who fourteen months previously had wounded the great toe of his right foot. The wound gradually extended and suppurated, loosening the nail to the root, and producing hæmorrhage, which became more and more frequent and abundant. The pain was most intense; sleep quite impossible; and the patient was finally reduced to a worn-out condition. All previous medicinal applications had failed. On May 14th the loose extremity of the nail was cut off, and nitrate of lead sprinkled freely all over the diseased parts. A bit of rag was simply applied. Strong pain was felt, but speedily abated. A black polished scar was produced, and fell off at the end of six days. The parts healed beautifully. A second slight application of the substance was made on the 29th, with the object of hastening and ensuring a cure. Dr. Peruzzi's case is followed by the relation of three other instances of cure recorded by Drs. Verardini and Casati.

TREATMENT OF CARBUNCLE BY SUBCUTANEOUS ASPIRATION.

In the *Georgia Medical Companion* is related the following means of treating carbuncle:—The canula of a hypodermic syringe is introduced into the tumour, and the piston withdrawn; if there is any pus it goes into the body of the syringe; the syringe is then unscrewed from the canula, emptied, and put on again. When all the pus is withdrawn the carbuncle is painted over with the following preparation: collodion, one drachm; castor oil, twenty drops; carbolic acid, five grains; tannin, twenty-two grains; mix. Several applications are to be made, till a coating of sufficient thickness is obtained.

A NEW MEANS OF RELIEVING TOOTHACHE.

This remedy consists in the employment of injections introduced into the gum near the diseased tooth. Dr. Dop has tried these injections in about 100 cases. In 20 cases he made use of morphia, which succeeded very well, but only for a time. Chloroform was far more successful, and is now exclusively used by Dr. Dop. It was eminently successful in 62 cases out of 80. The injection is made with the small syringe commonly used in France for subcutaneous

injections. Only two drops are put in at a time. The needle is introduced gradually, and must remain *in situ* a few seconds. On withdrawing it, pressure must be exerted on the gum with the finger. In by far the greater number of cases one injection is quite enough to stop the toothache. In some instances a second injection is needed twenty-four hours after the first. During absence of pain the tooth may be plugged, or dressed with kreasote, &c.—*Revue Médicale de Toulouse*, August.

MEANS OF AVERTING BLEEDING FROM THE NOSE.

In case of sudden emergency, or when Belloc's sound cannot be employed, Dr. Marin, of Geneva, uses with the best effects compression of the facial artery on the side of the face where the hæmorrhage seems most abundant. Compression is exerted on the upper jaw, quite near the ala nasi, and the arrest of the bleeding takes place almost immediately.—*Revue de Thérapeutique Medico-Chirurgicale.*

ARSENIC IN DISEASE OF THE LIVER.

In a case of disease of the liver (recorded by Dr. de Moura in the *Gaceta Medica de Ballia*), in a patient of cachectic habit, with pallor of the surface, polyuria, want of appetite, and tumefaction of the liver, and in which amyloid degeneration of the organ through syphilitic causes was diagnosed, the administration of arsenic was completely successful after iron, the vegetable tonics, iodide of potassium, and corrosive sublimate had all failed.

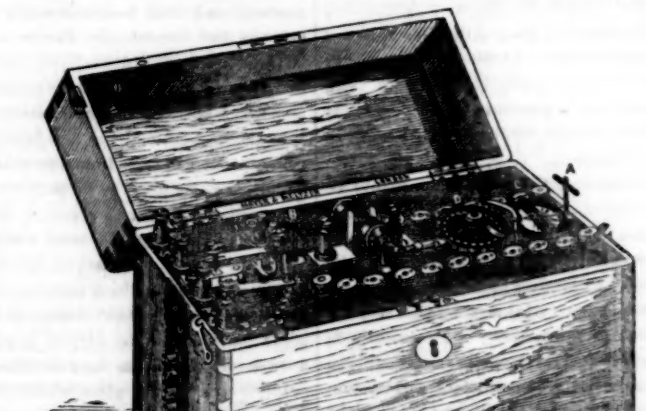
EUCALYPTUS GLOBULUS IN CASES OF INTERMITTENT FEVER.

Dr. Heller has administered the eucalyptus globulus in doses of from two to seven drachms of the tincture to 432 patients affected with intermittent fever. In 310 cases eucalyptus alone was employed. A small dose was enough to affect a cure in 202 instances, whilst only 108 required a second dose. In 122 cases the drug was employed conjointly with quinine.—*Wiener Medicinische Wochenschrift.*

New Inventions.

MAYER AND MELTZER'S SELF-REGISTERING GALVANO FARADAIC BATTERY.

We have had an opportunity of inspecting the exceedingly ingenious battery which has been lately brought out by Messrs. Mayer and Meltzer, the instrument makers of Great Portland-street. The use of electricity as a therapeutic agent is daily gaining ground, and our knowledge of its effects under its various forms—static, galvanic, and faradaic—is daily becoming more perfect. The desirability of having the means, in one portable apparatus, of employing either the galvanic or faradaic current, as circumstances might require, has long been felt, and Messrs. Mayer and Meltzer's instrument is intended to supply this want. There is another point of great importance in this instrument besides the combination of the galvanic and the induced currents. It is the insertion of a needle galvanometer, by the deflection of which the intensity of the current is shown, and any impairment of the power of the elements is at once made evident. Constant use necessarily tends to weaken the power of the elements and to neutralise the exciting fluid; and it is a common experience among electro-therapeutists to find that the action of the battery has become too weak. By means of the galvano-



meter the intensity of the current is at once seen, and if it has begun to fail it enables us to see which pair of elements is at fault. The elements are carbon and amalgamated zinc, and the exciting fluid is diluted sulphuric acid of a strength of one part of acid to twenty parts of water. In all other carbon batteries the strength of the exciting fluid is more than twice as great; but, nevertheless, the inventors assert that this galvanic current is stronger than that of any other clinical battery, and in proportion to the weakness of the acid is it economical and enduring. There are twenty pairs of elements, and by a simple contrivance one is enabled to immerse them in the exciting fluid in groups of four so that if only four eight, or twelve pairs of elements are required, only that number need be immersed. This arrangement, of course, saves unnecessary wear of the elements. A reference to the accompanying woodcut may help our readers to a better comprehension of our description. A and B are the handles for removing the elements *en masse*; C is the galvanometer; D, lever for graduating the galvanic power; F, lever for connecting the elements with the faradaic portion of the battery; W, lever for regulating the faradaic power; E, five levers for immersing the elements in groups of four; S and P are the poles of the faradaic apparatus. The poles of the galvanic current are not lettered, but are near the centre of the apparatus on either side of the commutator.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 2, 1872.

IT has for a long time been a matter of accepted tradition that medical practitioners act wisely in holding themselves aloof from party politics. The tradition had its root in times when party warfare engendered extreme personal bitterness, and when it frequently interfered with the commonest social relations. In those days the adherents of opposite factions were scarcely able to mingle tranquilly even in drawing-rooms; and it was quite conceivable that their feelings of mutual animosity would seriously interfere with the harmony which, even for the sake of cure, should exist between doctor and patient. More than this, the same feelings were quite sure to influence people in their selection of a doctor; and so the profession, unwilling to follow the example of the great statesman who

"To party gave up what was meant for mankind,"

and unwilling also to hold a *clientèle* by virtue of professions of opinion, very generally abstained from joining the ranks of either Whig or Tory. The progress of civilisation has done much to soften and remove the old party animosities, as well as to convince the world in general that everyone has a right to the unbiassed exercise of his own judgment; and medical men have of late years become much more active and prominent in public questions than formerly, to the great benefit of the community, and not, we hope, in any way to their own detriment. It is, indeed, a manifest advantage that the decision of these questions should be duly influenced by the most learned of the professions, and not left, as of aforetime, to the consideration and guidance of pettifogging attorneys and tippling publicans. We hope to see medical men assert themselves more and more every year with regard to all the principal matters that will fall under the consideration of Parliament; and especially do we hope to see them strive against the fictitious prominence given to questions of no moment by politicians, and against the ignorant or careless neglect of the highest interests of the community.

The recent arrangements of the Government with regard to the Public Health Act are such as to provide the profession with a valid excuse, or, to speak more correctly, with a weighty and sufficient reason, for the abandonment of the attitude of neutrality that they have so long maintained. We have recently related how Mr. STANSFELD, after having been entrusted with certain powers for the protection of the public health, has, with an ignorance of the very alphabet of the matter almost too gross to be conceivable, or else with a complete abandonment of all the great interests committed to him, made such arrangements that, whoever else may be benefited, the public health will not. The character of the course that he has pursued, and pursued in open disregard even of his own assurances, is one that admits of being made plain even to the meanest capacity, and is parallel—to use the words of Sir DOMINIC CORRIGAN—to sending a lawyer to superintend the evolutions of an army or the manœuvres of a fleet. The humblest person to whom a vote has been given by the late extension of the franchise, and to whom protection in its employment has been afforded by the Ballot Act, can be made to understand that the new medical officers of health cannot perform the work devolving upon them unless protected by the shelter of superior authority, and that this shelter cannot be afforded by a gentleman who does not know the difference between typhoid and hydrophobia, and who would probably run a mile to escape from anything that might be infectious. Lord SALISBURY has lately told us that the administration of new laws begins by being enthusiastic and ends by being "wooden"; but here we have the wooden element introduced at the very outset. We mean no disrespect to Mr. STANSFELD'S lay inspectors; but it is obvious that none but trained medical observers can take complete cognisance of the constantly varying factors that operate upon the public health. Considerations such as these require no force of argument to render them plain; and they lead irresistibly to the conclusion that Mr. STANSFELD has sacrificed the interests of the country, and more especially the interests of the poor (for whose protection the Public Health Act was most required), without obtaining any equivalent advantage, or even any advantage whatever, unless it be the opportunity to oblige a dozen political supporters. All persons can see that such a course as this is eminently blameworthy, but only the medical profession can be capable of foreseeing the full amount of evil which is likely, nay certain, to accrue from it. The deaths in every village in which typhoid lingers, the unchecked spread and undiminished fatality of the other zymotic diseases, and the new lease of neglect of sanitary matters that will arise from the utter failure of what will be supposed by many to be sanitary legislation,—all these things will be the direct result of Mr. STANSFELD'S incompetence to discharge the trust which is committed to him. Whatever may be the exact explanation of his conduct, the word "incompetence" will cover it all. The case is so utterly bad and indefensible that it imposes upon those who understand its bearings the duty of speaking plainly; and this duty seems to fall, in the first instance, upon the medical practitioners of the place which has hitherto sent Mr. STANSFELD to Parliament. We call upon every medical man in Halifax to fight the battle of the profession in this matter, and to leave no effort untried in order to secure Mr. STANSFELD'S rejection when he next presents himself to his constituency. Everywhere, from the mansion to the cottage, we would have him spoken of, calmly and temperately, but as one who has signally failed in the discharge of his duty to his country, and whose failure should meet with one definite punishment—the exclusion from power that would follow exclusion from Parliament. We, on our part, will contribute what we can to this desirable result, and especially by keeping watch over and duly recording the operations of the lay inspectors. The loss of Mr. STANSFELD'S seat by medical influence would be a deathblow to the systematic neglect of medical requirements by politicians; and we urge upon our brethren at Halifax that they should be at work without losing a single day. No one can foresee how soon the present House of

Commons may be dissolved, and prompt action will be the only way to secure success. Perhaps some leading practitioner in the place might find time to deliver a few lectures to working men, and might take as his subject—"The Public Health Act as it ought to be, and the Public Health Act as it is administered."

THOSE of our readers who have looked over the Reports on Emigrant Ships in the last three numbers of THE LANCET may possibly have come to the conclusion that, if the condition of things set forth in those Reports really obtains, very little reformation is needed. But this is not so. It is our duty to show that many minor and some radical changes are required in the entire system of the emigration business as carried on at Liverpool. And first as to the arrangements made for the accommodation of emigrants afloat. It appears to us that some definite system of berthing, such as is already adopted in some ships, should be officially planned, and adhered to unvaryingly. And, without entering into details, it is plain that if the women and children were berthed together, or the married people and single women put into separate compartments, ventilation would be greatly aided, and that with very little sacrifice to what is called decency, by building the berths with a minimum of bulkhead work—as open, indeed, as those on board the *Serapis* and other Anglo-Indian troopships. Lavatories should be provided for the women and children on board all ships, and should, as also the closets and urinals, be accessible, under cover, from the steerage deck. No hospital of any kind should exist on the steerage deck, as such a plan is fruitful of all sorts of sanitary mischief. And a steerage stewardess, well up to her work, ought to accompany every vessel, whose business it should be as much to keep the single women in order as to assist the married women and children.

The ventilation question is difficult of solution, and those who have studied the matter know that in this as in other things it is easy to preach and hard to practise. It seems to us, however, that in most ships too little attention is paid to the necessity of providing plenty of down-cast ventilation forward and of up-cast ventilation aft on the steerage-deck. In the absence of any definite system, the points where fixed ventilators are most required can be ascertained by experiment without difficulty during the first voyage, and no ship-building considerations as to sacrificing symmetry or the like should be allowed to interfere with their construction. It is specially necessary, too, that all down-cast ventilators should be brought to within about eighteen inches of the steerage deck, and that both up-casts and down-casts should be examined periodically night and day by a person told off specially for the duty. The whole subject of ship-ventilation requires, however, far more attention than it has hitherto received, for the arrangements now in vogue on board our smartest ironclads and other QUEEN'S ships are still very imperfect; and it would be well if Dr. MACDONALD, who has been recently appointed Professor of Naval Hygiene at Netley, were associated with the Constructor's Department at the Admiralty to advise on so important a question.

We have very little to recapitulate on the question of diet. There is enough, and indeed much more than enough, for the waste is enormous, and, as we think, utterly inexcusable. Most of those who go across the Atlantic in the steerage feed better there, both as to quantity and quality, than they ever did before, and better too than, for some time at all events, they will do again; and, as we remarked before, clumsy cooking is a "privilege" that, like grumbling, your genuine Briton has not yet laid aside.

All cargo should be on board before emigrants embark, and it is surprising that the Emigration Commissioners have not insisted upon this rule long ago.

It is, however, hardly to be anticipated that the reforms above mentioned will be inaugurated and adhered to properly and completely unless some radical change is made in the system of official supervision. The work of the Emigration Commissioners will, at the beginning of next year, be transferred by Act of Parliament to the Board of Trade, and indeed steps have been already taken to give effect to the decision. Hence an opportune moment occurs for commencing changes of administration. We take it that the chief desideratum is an increase in the duties, powers, and responsibilities of emigration medical officers. At present their work is absolutely limited to a hasty and perforce unsatisfactory inspection of the emigrants just before sailing, and of the medicines provided for their use. They know nothing officially about ventilation, hospitals or sick bays, closets or urinals, food or medical comforts; for all these matters come exclusively under the cognisance of the emigration officer (a naval man), no reference being made to the medical inspector in the capacity of "sanitary authority." It is reported that this plan was adopted, and so continues, to facilitate work, or, as shipowners would phrase it, "quick dispatch." But we much doubt the wisdom of the proceeding. The emigration officers at Liverpool and elsewhere are particularly smart and concise in the execution of their duty, and appear to know the nautical items of it exceedingly well. But it requires no sophistry to show that many important sanitary matters that directly affect health should be placed under the inspectorial control of the medical officer. It does not appear that they are at present either overworked or overpaid at Liverpool, although the Board of Trade have already advertised for a third inspector. But these inspectors should be called upon to examine all intending emigrants before embarkation (this opinion was enunciated in THE LANCET some months ago), and afterwards make a general inspection afloat. They should also be responsible, in conjunction with the lay officer, for the ventilation, hospital, closet, and lavatory arrangements, and for the quality of the rations and medical comforts provided; for these are all medical and sanitary questions, and directly affect the health as well as the comfort of emigrants at sea. We are bound, and indeed very glad, to record our strong sense of the active and intelligent way in which the present system is worked, both by the Government officials and by the shipowners; and we tender to both many acknowledgments for much courtesy. The result, however, of this tour of inspection and of former practical experience afloat has strongly impressed us with the belief that, on the part of the shipowners, the changes above indicated (all of which, it

must be recollected, exist in some *one* line of ships) are imperatively needed; and that, on the part of the Government, the medical officer should be far more utilised, and saddled with a far greater amount of responsibility.

ANOTHER distressing case of ignorant midwifery will, perhaps, lead to some consideration of the risks to life of poor women attended in their confinement by untrained midwives. A class of midwives might easily be created with intelligence enough to conduct ordinary cases, and to send for a doctor in extraordinary ones. But the present state of the law permits a woman with no education, who lives mainly by charing, to supplement her scanty income by practising midwifery; and the consequence is seen in such cases as that of MARY HUSSEY, whose death and that of her new-born child have been the subject of a coroner's investigation.

MARY HUSSEY, of Pier-street, Cubitt-town, Poplar, was in labour, and had for her attendant SARAH MEDLOCK, a charwoman, who also acted as midwife. She was to have 4*s.* for the delivery, and 3*s.* weekly for subsequent attendance. We learn that the guardians of the neighbourhood were in the habit of engaging her obstetric services for pauper cases. Another woman named HUTCHINSON was also in attendance on MARY HUSSEY. The labour did not proceed smoothly. The arm presented instead of the head. Mrs. HUTCHINSON sensibly and humanely proposed to send for a doctor; but MEDLOCK objected, and said "it was a cross birth, but she could manage it if she had some brandy." During the time that she was "managing it" the mother was suffering the "most acute agony"—we quote from a report of the inquest,—and she exclaimed, "Take a hatchet and rip me up." For five hours Mrs. MEDLOCK went on "managing it"; and at length Mr. SMITH, of Poplar, was sent for. The midwife had been in attendance off and on from Friday at dinner time. Mr. SMITH was sent for on Sunday morning between 8 and 9, and attended. He found the left arm protruding, and the poor woman exhausted and vomiting violently. He delivered the child, which was still-born, and bore evidence of great violence having been used. There was disarticulation at the elbow, the arm was elongated nearly two inches, and the humerus was nearly through the skin. The muscles and skin about the shoulder were considerably lacerated. The mother, too, died in due time from the violence of the treatment to which she had been subjected. The os and cervix were found after death in a bruised state, looking like decomposed liver. It is altogether probable that if a medical man or an educated midwife had been in attendance at the beginning, or as soon as the unusual presentation declared itself, the woman would not have died. The child, too, would have had a good chance of life.

We are not going to be very hard upon the charwoman. The coroner exacted a promise from her not to practise midwifery any more. But the coroner is not the law, and the temptation of making 4*s.* in a way not forbidden by law will probably be too strong for her. But how long is this state of the law to be allowed? How many more women must pray to be "ripped up" before the law forbids ignorant women to call themselves midwives and practise this branch of medicine? We have repeatedly this year urged the creation, by force of law, of a class of licensed and educated midwives, who should know at least how not to mismanage labour. Mr. GAY, a member of the Council of the College of Surgeons, has urged the same thing in our columns. We trust that he will move the Council to memorialise the General Medical Council on the subject, that mothers may no longer be sacrificed in their extremity to ignorance supplemented by brandy. The Medical Council should bring the subject under the notice of the Home Secretary. A very simple amendment of the Medical Act would go far to remedy this evil. The title of Midwife should be included in the 40th clause; and the false use of this title—that is, the use of it by any upon whom it is not conferred by the licensing bodies in Schedule A—should be punishable in the same way that the false use of surgeon, physician, &c., is punishable. The title "Midwife" would thus have a legal significance, and would only be used by those who have undergone training and examination.

WE find from the *New York Army and Navy Journal* of October 12th, that the American Government has adopted the English valise equipment for the infantry of the American army. We congratulate the Americans on this sensible proceeding, and do not doubt that their soldiers will find the same comfort and freedom from injurious pressure which our own men experience when wearing this new arrangement. The Americans appear to have made no alteration except in the form of the pouches, which are intended to carry twenty-four cartridges each, or forty-eight in front, instead of forty as with us. Forty cartridges are also carried in the valise, making a total of eighty-eight. They do not appear to have adopted the ball-bag, which is such a favourite with our men. Their haversack is divided into two compartments: one for bread, and the other for tea, coffee, and sugar; and there is in addition a pocket for a meat-can, and this can may be used if necessary for boiling coffee, while the cover serves as a drinking cup. The canteen is round, and can be worn over the shoulder or attached to the brace.

Our War-office Knapsack Committee which devised the valise equipment does not appear to have paid special attention to the haversack and the canteen. It may be a question whether the haversack might not be given up altogether, as room can readily be made for biscuit, tea, coffee, sugar, and salt in the valise, and the meat can be carried in the canteen. Every ounce of weight saved is a gain in a long day's march. In the late autumn manœuvres of our army the comfort of the valise equipment was much felt by the men; but we were surprised to see that all were not yet fully aware of the proper mode of carrying the equipment. Some men and some regiments were perfectly fitted; but in other cases undue strain was thrown on one strap, while others were quite slack. The most common fault was carrying the valise too low, and leaving the cross brace-straps on the back (which run to the corners of the valise and should take a certain share of the weight) without strain. The effect of this was that the great-coat was fixed to a slack strap, which both allowed movement

and increased greatly the apparent weight of the coat. In some cases the whole weight was thrown upon the front strap, instead of being distributed equally on all the straps. On speaking to some of the men who were carrying the valise too low, some replied they did so by order; others said it was comfortable, and they did not care to alter. Some men complained of the weight of the coat, without apparently understanding that it was their own bad fitting which caused it. When the men were properly fitted, it was remarkable with what ease they moved and with what rapidity they could get over the ground. The Fusilier Guards, who wore the valise for the first time, had an incontestable advantage, in marching, over the Grenadiers and Coldstreams, who carried the old pack.

The late manœuvres made it quite clear that the next alterations must be a change in the great coat, which is too heavy and spongy when wet, and a supply of a good waterproof cape and sheet. The Americans use the "poncho," but this does not appear to be the best arrangement, and we have little doubt that a suitable plan might easily be found. If this were done, and if our men could have boots which would keep out the wet, we believe they would be admirably equipped, and "could go anywhere and do anything."

THE first-year's students who for the few opening weeks of the winter session throng the out-patient rooms of our metropolitan hospitals cannot fail, we imagine, to be somewhat surprised at the general prevalence of tertiary syphilitic symptoms among the patients who apply for relief. In the surgical out-patient clinique they see patient after patient whom the surgeon pronounces to be suffering from syphilitic ulceration of the legs, throat, or rectum; others, again, whose bones or joints are affected by periosteal thickening from the same cause; whilst in the physicians' room they find diseases of the liver, kidney, lung, and brain frequently attributed to the same fell disorder. Contrasted with the comparatively healthy population of rural districts, it must appear as if the great bulk of the London populace were infected; and this is but too true of the lower classes, we fear. To what is this to be attributed? Partly to the want of any legislative restriction against the spread of syphilis by the open solicitation of diseased prostitutes, and partly to the fact that the public generally has no proper appreciation of the severity, as regards duration, of the syphilitic poison—a point upon which practitioners of medicine, as a rule, do not lay sufficient stress.

We regard it as most important that the student should from his earliest days have his attention drawn to the great importance of the study of the treatment of syphilis. The subject is, we allow, not a pleasant one, but the welfare of generations yet unborn may depend upon a proper appreciation of it. Let the student read RICORD'S masterly address in THE LANCET of August 24th last, if he wishes to learn the importance attributed to a prolonged course of judicious treatment by a master of the art; and let him see for himself the effects of treatment skilfully applied by his teachers. We regret that we cannot acquit erroneous teaching of some of the mischief so commonly seen. While the teachers of the Edinburgh school still profess to cure syphilis without mercury, whilst other surgeons give "a little mercury"—which probably does as much harm as good,—and a third series hesitate between a three or a five grain dose of iodide of potassium as a maximum, it cannot be said that the teaching *quoad* syphilis is quite satisfactory.

That mercury properly administered is the only known antidote for syphilis in its primary form we have the best authority for believing; but to do good the treatment must be prolonged for weeks or months—even for a year, according to RICORD. The responsibility, then, of any syphilitic patient who contracts, or of any surgeon who permits, marriage without making sure that the poison has been combated by a thorough mercurial course is, we believe, most serious; and we would strongly uphold any medical man who put a veto upon a proposed matrimonial arrangement on the ground that the health of one of the parties was such as to lead to probable damage to his wife and offspring.

Medical Annotations.

"Ne quid nimis."

PRELIMINARY SCIENCE.

WE are glad to learn that Mr. Christopher Heath's vigorous attack upon the Preliminary Scientific Examination for the degree of Bachelor of Medicine of the University of London has attracted the notice of the Senate of that corporation, and that at its meeting on Wednesday, Oct. 23rd, the subject was fully discussed by the medical and other members of the Senate, with the result of the whole question being referred to a committee for investigation and report. There can be no doubt, we think, what the tenor of that report will be, if the practice of physic is fairly represented upon the committee. Men like Drs. Quain, Johnson, and Sibson, and Sir J. Paget, who are themselves actively engaged in practice, or men who have had much to do with students, like Dr. Sharpey, cannot fail to appreciate the absurd lengths to which examinations in purely theoretical science are pushed; and will, we hope, curb the enthusiasm of those who would "examine everybody on everything," without the least regard to their ultimate objects in life.

We notice that Professor Adams, of King's College, London, one of the examiners particularly referred to by Mr. Heath, has taken up the cudgels in his own behalf in our contemporary, *Nature*. Mr. Adams gives the solution of the question quoted by Mr. Heath, no doubt correctly; and endeavours to show that there is a close relation between the development of heat in a boiler and in the human body. He also accuses Mr. Heath of ignorance of the use of the thermometer, and ourselves of the "shallow statement" that the "relation of the question to medical requirements is absurd on the face of it." He then falls foul of the subcommittee which reported against the Preliminary Scientific Examination, and naïvely asks, "What stronger evidence could be adduced of the great value of the Preliminary Scientific Examination than the report of this committee that 'it has tended to give prominence to theoretical and scientific knowledge,' seeing that it is in consequence of such knowledge that medical science has advanced with such rapid strides, and that in many cases the whole course of medical treatment has been changed." It unfortunately happens, however, that Mr. Adams has forgotten to com-

plete the sentence he quotes above; and when we say that it should read as follows—"the Preliminary Scientific Examination has tended to give prominence to theoretical and scientific knowledge *at the expense of a sound practical acquaintance with medicine, surgery, midwifery, &c.*"—it will be pretty obvious what the sub-committee really meant.

We have received more than one letter from distinguished London graduates thanking us for having supported Mr. Heath's views, and condemning "the unnatural cramming fostered by the absurdly extensive requirements for medical degrees at the University of London." The extensiveness of the requirements is the very point in question. How is a youth, we ask, to satisfy non-medical examiners who hold views like Professor Adams, in statics, dynamics, hydrostatics, hydraulics and pneumatics, optics, heat, electricity and magnetism, besides inorganic chemistry, botany, and zoology, without simply *cramming* a mass of crude information into his memory as best he may, without being one bit the wiser a week after the examination is over? Let the University of London throw aside its *dilettanti* medical advisers and encourage a real knowledge of medical science, if it wishes to maintain its high position, which is now imperilled by the vagaries of one or two influential senators.

PORT SANITARY WORK.

THE City Corporation, as sanitary authority of the Port of London, have at length shown some outward and visible signs of existence on the river. They have asked for, and have obtained from the Lords of the Admiralty, the loan of the *Rhin*, an excessively unsightly old hulk that has, we believe, been at moorings in the Medway for the last twenty years. She has during the last few days been brought round to the Thames, and been moored under the supervision of Captain Edward Jenkins, harbour-master at Gravesend, in the lower part of Gravesend Reach, opposite the marshes. Two men have been placed on board in charge of the vessel, and she is now supposed to be ready to receive any case of infectious disease that may arrive at the mouth of the Thames. At present, however, the *in posse* principle obtains. There is no landing stage, no practicable ladder, and no means whereby a sick man may be hoisted on deck or into the ship. A very close or very cursory inspection indeed would hardly lead the observer to imagine that this establishment was intended as a refuge or resort for sick seamen. We are informed that Mr. Whitcombe, now provisional sanitary officer at Gravesend, is making arrangements for getting the old ship into working order, and there is no doubt that the Port Sanitary Committee of the Corporation are fully alive to the importance of doing so as speedily as possible.

It appears to us, however, that the chief work of this committee will be centred far more in the actual port than at the mouth of the river. It is well known that the epidemic of small-pox which we have but just shaken off was perpetuated in the metropolis and the north-eastern ports by coasting vessels, of which no official cognisance is taken at Gravesend. These vessels creep up the Thames, come to moorings in Bugsby's Hole, or in one of the "pool" tiers, with perhaps a case of infectious disease on board, which, if not speedily eliminated, forms a focus that infects the denizens of other vessels, right and left. Under the old system, the health officers of the metropolitan districts through which the river flows were presumed to be responsible for the sanitary condition of the shipping; but, as this responsibility is now at an end, it is the duty of the City Corporation, in accordance with the provisions of the Order in Council under which they act, to keep vessels moored in the river clear of infectious diseases, to send such cases promptly to the Seamen's Hospital, to disinfect the quarters of the crew, and, in extreme cases, to isolate the vessel. If the terms of the Public Health Act be carried out properly and honestly, some sort of machinery must be set in motion for the furtherance of these objects; for unless the river and the docks between London-bridge and Woolwich be so supervised, the port sanitary authority will accomplish, practically, very little. And we may remark, parenthetically, that if this scheme of inspection be properly exercised, the authorities of the Seamen's Hospital will probably find a considerable increase in the number of their clients.

HOSPITAL GANGRENE.

DR. M. TRIBES, Interne en Médecine et en Chirurgie des Hôpitaux et Hospices Civils de Paris, has recently written a very ingenious and highly imaginative thesis upon this subject, and as a man who writes a thesis is in some sort bound to be original, so Dr. Tribes at once re-christens the disease, and calls it "complication diphthéroïde contagieuse des plaies," a name which, we opine, is utterly bad, and liable to mislead, inasmuch as, on Dr. Tribes' own showing, there is nothing in common between the gangrenous process which is the subject of his thesis and the specific process which is characteristic of true diphtheria.

Dr. Tribes states that the great cause of this disorder is overcrowding, and it is especially liable to make its appearance in those hospitals which are situate in damp or marshy spots. It comes, in fact, as a scourge and retribution wherever the principles of hygiene are neglected. The air becomes loaded with miasmatic corpuscles, which, falling on the surface of a wound, give rise to the gangrenous process. Dr. Tribes follows Blackadder in stating that hospital gangrene is always a purely local affection in the first instance, and that the constitutional condition which supervenes is secondary and consequent thereupon. He denies that the constitutional ever precede the local symptoms The general symptoms, when they appear, closely resemble those of the acute specific diseases. The specific diseases, whether acute or chronic, are due to the inoculation of the system by an organic organism, and Dr. Tribes boldly asserts that "it is always the same substance endowed with the same properties which gives origin at one time to hospital gangrene and at others to typhus, malignant pustule, soft or hard chancres, tubercle, &c. Differences in the channels of introduction, differences in the intensity of the modifications undergone by the so-called miasms, are alone the causes of the different results." This theory of the correlation of specific diseases is not new; but Dr. Tribes does not offer us any proofs as to the correctness of his sweeping notion. The surface of a wound affected with hospital gangrene is always acid, and the general appearance of the slough covering the wound resembles closely the slough produced by the negative pole of a galvanic current. Dr. Tribes therefore feels himself entitled to say, that from the similarity in appearance of these two sloughs, from the sensation of burning which equally accompanies the invasion of hospital gangrene and the electrolysis of the living tissues, and from the acid reaction of the *débris* which results from the two processes, "we have certainly the right to conclude that the miasm which engenders changes exactly similar to those which are caused by the negative pole of a Daniell's battery is endowed with completely identical properties." The section which discusses the treatment of hospital gangrene contains very little or nothing that is new, excepting the proposition, which Dr. Tribes was certainly bound to put forward, to employ electricity for the relief of the symptoms. He says, "a sponge

soaked in water and placed at the extremity of the positive pole of a Daniell's battery, will aid us in fighting with the changes produced by these virulent agents." For the rest, Dr. Tribes says that prevention is better than cure. The thesis is interesting as a sample of the use or rather abuse of the imagination in scientific research, for although Dr. Tribes' propositions are as clever as they are startling, we do not gather that his actual experience of the disease has been by any means large.

REGISTRATION OF STILL-BIRTHS.

WE do not know whether Mr. Lowndes, of Liverpool, will induce the Obstetrical Society of London to take any active measures for procuring the registration of still-births; but that there ought to be some such provision is quite certain. His statement that inquiries made by him at different cemeteries resulted in the revelation that the still-births amounted to at least 6 per cent. of the whole number of births, shows the necessity of a wider knowledge on this point than any isolated inquiry can afford. Not only are there important obstetrical questions involved in an accurate knowledge of the occurrence of still-births, but infant life must want its full protection so long as no care is taken to insure for every infant born into the world a recognition of its existence sufficiently public to operate as a check upon crime. This check, it is believed, would be supplied by the extension of a modification of the ordinary birth and death registration to all infants born from the seventh month of pregnancy onwards; although in some parts of the Continent—in Paris for example—there is no limitation to the seventh month, the record showing the still-births in the very earliest stages of fœtal existence. Mr. Lowndes is, of course, aware that the Registration Bill of last session did not provide for any registration of still-births such as from an obstetrical point of view he desiderates. All that was contemplated in the Bill in this respect was to put an end to the practice of unrecognised burial of children alleged to be still-born, and so far it will probably go if reintroduced next session, but no further we suspect. It is clear, therefore, that if the obstetricians want more than this, and we think that in the interests of humanity as well as of medical science they are justified in asking for more, they must bring what pressure they can to bear upon the Government either before the Bill is again laid before Parliament or during its early stages.

CORONERS' CHARGES.

WE have frequently spoken in terms of animadversion of the course of conduct pursued by some magistrates with reference to the quarterly settlement of coroners' charges. Coroners themselves are now paid by salary; but every inquest entails certain incidental expenses—for constable, room, fees to medical witnesses, and other matters,—which have to be passed and paid at quarter sessions. The duty of the magistrates is simply to see that the charges are properly vouched, and then to pay them; but some of these functionaries have lately taken upon themselves to question the propriety of such charges being incurred at all. Dr. Lankester, in Middlesex, has been frequently made the subject of impertinent observations of this kind; and he has lately, in a very dignified and proper letter to *The Times*, sought to set himself right with the ratepayers. He has shown, in the first place, that the expenses incurred at his inquests are very slightly in excess of the Middlesex average, and below the average of three other districts in the county; while the general average is greatly reduced by exceptional circumstances which tend to diminish the charges for the eastern division. He refers to the insinuation often made by magistrates, that a medical coroner orders post-mortem examinations in order to give higher fees to medical witnesses; and states, what everybody but an unpaid magistrate might be supposed to know already, that in nine cases out of ten an inquest without a post-mortem examination is no better than a farce.

It is somewhat surprising that magistrates, as a rule, appear to have no perception of the use of inquests. They are not, as we have often pointed out, intended for the detection of crime so much as for the removal of doubts, in order that by their means crime may not escape without detection. An inquest that establishes a natural cause of death is just as valuable a public safeguard as one that reveals murder; but an inquest that assumes a natural cause without evidence is a direct shelter and protection to murderers. This, in any doubtful case, is the effect of the absence of a post-mortem examination, and many cases are on record in which a slovenly inquest has served to conceal crime, and to produce false security. In calling such an inquest a farce, Dr. Lankester falls short of the truth. He should have called it a source of serious danger to the community.

It is further surprising that magistrates show so little sense of the dignity of their own order. The coroner is a magistrate like themselves, and it is not seemly that his public acts should be canvassed by the Court of Quarter Sessions in the way that has recently been customary. If those acts are complained of, the complaint should be formal, and should lead to a judicial decision. The magistrates degrade themselves and their office by indulging in gossip which, when published in newspapers, may do serious injury to the gentlemen against whom they are directed.

CARDIAC THROMBOSIS IN DIPHTHERIA.

DR. ROBINSON BEVERLEY, interne des hôpitaux de Paris, in a very thoughtful paper, has concentrated the experience of himself and others to the elucidation of a cause of death in diphtheria, which is more common, he says, than is generally supposed to be the case. Dr. Beverley's conclusions may be given in his own words. They are—1. That cardiac thrombosis is a tolerably frequent complication of diphtheria. 2. That those elastic fibrinous coagula which are found twisted amongst the valves of the heart, or firmly adhering to its walls, are formed before death. 3. That they often develop before the act of death commences, and often in patients who are by no means in a state of extreme weakness, and that their presence has been suddenly manifested when the infant appeared to be convalescent, and to be rapidly approaching a complete recovery. 4. That they give rise to very grave symptoms which may enable one to recognise their presence. 5. That the diagnosis of these concretions has a double importance as regards prognosis and treatment, for their presence makes a fatal termination almost an absolute certainty, and renders the operation of tracheotomy useless. 6. That the polypoid clots are frequently the cause, and not the result, of the patient's grave condition. 7. That death may occur in these cases either suddenly (immediately after the formation of the coagulum) or after the lapse of a period of anxiety and anguish more or less prolonged. The coagula which Dr. Beverley has found on the right side of the heart are of that kind which are usually supposed to be formed in the act of death, but which, he says, often precede death by a considerable time in cases of diphtheria. In some cases, indeed, true stratified *ante-mortem* clots have been found. Dr. Beverley quotes several cases (and similar ones must have come under the observation of many of our readers) in which the child suffering from diphtheria has been progressing favourably, no

special symptom having given cause for anxiety, when suddenly the child becomes restless and anxious, and dies without any well-recognised cause. It is in these cases that cardiac thrombosis is supposed to occur. For the diagnosis of this occurrence one must have regard to the general and local symptoms. The general symptoms are—coldness of the extremities, pallor of the face, a state of prostration, anxiety and agitation, a feeble pulse, and marked dyspnœa (of a cardiac character). The local symptoms are weak and muffled heart-sounds and good pulmonary resonance throughout the chest. Dr. Beverley has not detected any cardiac murmur in these cases. The cause of the formation of these clots is to be found in the heart and in the blood. Weak action of the heart and slowing of the blood-current are brought about either by degeneration of the cardiac tissue or paralysis of the cardiac nerves; the latter being a well-recognised form of death in diphtheria. Dr. Beverley very wisely does not commit himself to any theory as to the condition of the blood in diphtheria.

With regard to treatment, Dr. Beverley says that our main hope lies in preventing any failure of the heart's action. He advises the administration of nervine tonics, such as strychnia and nux vomica. The administration of alkalies might prevent the coagulating tendency of the blood, but the weakening effect of these remedies renders their employment unadvisable.

CASUALTY ROOMS.

AMONG our "Correspondence" will be found a letter upon a subject which we are glad to bring under the notice of our readers. The writer, who is not apparently a medical man, complains of an evil which we certainly think might be and ought to be obviated. He states that within the past year two similar cases have come under his notice, in one of which a casualty patient (who had been run over by a cab, and had been taken to one of our large hospitals in consequence) was obliged to sit and watch the necessary agony endured by another patient until his own turn came to receive attention. Our correspondent very justly remarks that, without training, few people are able to stand the sight of blood with perfect equanimity, and that for an expectant patient to watch the sufferings of another is a sorry preparation for manipulations which it may require all his pluck to bear up against. "The fear of death," we are told, "is most in apprehension"; and so it is with surgical operations; and if we can manage not unnecessarily to excite that apprehension, we shall be acting in accordance with the dictates of science and humanity. We recommend our correspondent's letter to the perusal of hospital committees, who, we have little doubt, will see that the evil complained of (and we fancy it is a tolerably general one) is done away with. A screen to divide the casualty room into two parts is all that is required.

ELECTION OF HONORARY MEDICAL OFFICERS IN THE MANCHESTER INFIRMARY.

THE honorary and technical officers of an infirmary at least should be elected by a small body representative of the subscribers, and not by the whole body of the subscribers. Some of the best men are kept from competing for such offices by dread of the expense and the laborious ordeal of canvassing 1000 or 1500 subscribers. It is monstrous that in order to get an honorary appointment a man should spend one or two hundred pounds; not only so, but there is a danger of the best canvasser being elected rather than the fittest man. It is the duty, therefore, of the subscribers to a hospital, as well as their wisdom, to provide a small Election Committee, in which they shall be fairly represented, and to give the medical staff, if not votes, at least a voice in the election. We are glad that in such an important institution as the Manchester Infirmary these principles have been adopted by a majority of 19 votes to 3. The Elective Committee is at once small and representative, and it will be advised by four members of the Medical Committee. We append the report of the Weekly Board, which was approved by the above majority, and which, with more or less variation, we hope to see imitated in all hospitals. There is naturally a little jealousy of the influence of the advice of the medical officers. But we are convinced that this would be used generally so justly and reasonably as to be respected. This would assuredly be the case where it has to be given to a picked body of trustees or subscribers, as in this instance.

The following was the report of the Weekly Board:—

Report of the Weekly Board as to the mode of Election of the Honorary Medical Staff.—1. There shall be an Elective Committee of 30 trustees, to be constituted as follows: The Weekly Board shall select from the list of trustees the names of 150 persons, and every trustee shall be entitled to nominate one or more trustees to be added to the list of names nominated by the Weekly Board. 2. That this list be sent to all trustees, with a request that they will mark with their initials the names of such persons, to the number of 30, as they may consider suitable to form the Elective Committee, and also that they will return the list so marked, and duly signed, to the Secretary within seven days from the date of issue. 3. That at the expiration of such term the House Stewards proceed to a scrutiny, and that the Committee so elected be at once called together by the Secretary. 4. That the Medical Committee be requested to elect two physicians and two surgeons, who shall act as advisers of the Elective Committee, but who shall not vote. 5. That the Elective Committee shall continue in office for three years, at the expiration of which time the Weekly Board shall take steps as before to provide for an election. 6. That any member ceasing to be a trustee, or going to reside more than twenty miles from Manchester, and not having a place of business in the city, shall be deemed to have vacated his place on the Committee. 7. That any vacancies which may occur in the Elective Committee during the said term of three years shall be filled up by the names of those trustees nominated at the original election who obtained the next largest number of votes. 8. That the Elective Committee be empowered to frame bye-laws for their guidance, such bye-laws to continue in force as bye-laws of the hospital.

AUSTRALIAN MEAT.

AT the present starvation prices of butcher-meat and other necessary articles, we watch with great interest and pleasure the growing use of Australian meat. We are not of the number of those physicians who think three meals of animal food a day necessary for maintaining health. We know sober working men with large families and fair wages that do not get so many meat-meals a week, to say nothing of their children and wives. But undoubtedly their nutrition would be improved and their lives lengthened by animal food once a day or once in two days. In the winter season especially, which is imminent, disease would be more easily averted, and, when it happens, would be more readily cured, by a freer use of animal food among the working classes. The steady influx of sound Australian meat really promises to make this practicable. We urge upon the profession a friendly and fair experiment of this article of food. It is so good that people who will not try it deserve to go without animal food for a few days. A very striking testimony is borne to its value in a recent report of the surgeon to the County Gaol, Salford, Mr. C. H. Braddon. He reports that "the health of the prisoners had been well maintained during the quarter. Australian meat had been exclusively used for the prisoners during the last twelve

months, and its use had been attended with the most satisfactory results. Not only had the physical strength of the patients during that time been quite as good as in former years, but there had been a marked decrease in the number of prisoners treated for disorders of the digestive organs, thus proving that these meats were not only wholesome and nutritious, but were more readily digested and assimilated than the 'rough cuts' of English meat usually supplied to prisons and workhouses." A few testimonies like this would decide the value of this important addition to our meat supply. We shall be glad to receive reports on this subject from surgeons to public institutions.

NICOTIN IN TOBACCO SMOKE.

IN the last number of the *Centralblatt* (Oct. 5th) Dr. Emil Heubel, of Kiew, a somewhat noted university in Russian Poland, gives a pretty full account of researches which he had carried on with regard to the presence of nicotin in tobacco smoke, summing up his conclusions thus:—

1. Nicotin is without doubt contained in tobacco smoke, and its presence can be proved as well by chemical analysis as by physiological experiment.

2. During slow combustion the nicotin is to be constantly found in the smoke, a quantity of the alkaloid, varying as the tobacco is or is not rich in nicotin, passing over in the smoke.

3. This nicotin exists in tobacco smoke, for the most part at all events, as a salt of the alkaloid.

4. The fact that nicotin, spite of its considerable volatility and easy solubility, is, during the process of smoking, by no means entirely, or even for the most part, dissipated or dissolved, appears to have its solution in the circumstance that in tobacco smoke, as well as in tobacco leaves, the nicotin exists, not as a free alkaloid, but as a stable salt of nicotin.

5. In the working of tobacco smoke both upon the human and brute organisms an essential share in the effect is taken by the nicotin ingredient of the smoke.

In the course of his preliminary remarks, Dr. Heubel records a striking experiment thus:—"That a relatively large quantity of nicotin passes over in tobacco smoke seems to be supported by the following observation which I once made—that the smoke, only partially collected and condensed, derived from the combustion of but a single cigar, and from which, after condensation, only from six to eight drops of distillate were derived, was amply sufficient to produce in a large frog the most violent nicotin convulsions, general paralysis, and death."

HOSPITAL SUNDAY IN NORWICH.

WITH reference to our remarks last week on the anticipated institution of Hospital Sunday in Norwich, it appears, from information now before us, that a better organisation and a somewhat more catholic spirit must prevail before the city can hope to realise the full benefit of Hospital Sunday. In point of fact, the attempt to be made on Sunday, the 10th inst., can only be regarded as a makeshift, good in so far as it promises to be an advance upon anything of the kind ever yet done in Norwich, but falling short of the means whereby Hospital Sunday has been rendered such a success in Birmingham, Liverpool, and elsewhere. We most strongly impress upon those who are actively promoting this movement in Norwich to resolutely smother the least appearance of cliquism or party spirit in their councils. The mainspring of the whole mechanism must be perfect catholicity in the means employed, as well as in the object to be attained. To exclude laymen from the committee of management would be a fatal step; to make invidious distinctions in the institutions to be benefited would inevitably lead to a drying-up of some of the sources whence contributions would otherwise flow. It is not foreign to the principle which has been acted upon in other places that a congregation should, if it so desire, have the privilege of specially apportioning its contributions; but, as a general rule, the entire proceeds should be handed in to the committee for apportionment, and where that body is so constituted as to inspire confidence in all parties, the cases of special disposition will be scarcely other than exceptional. The great thing should be to take care that the affair does not fall into the hands of the clergy alone, not merely because of sectarian differences of opinion, but in quite as great a measure because the business capacity of laymen is essential to the effective carrying out of the details always involved in the collection and distribution of public funds.

Norwich should do as Liverpool did before her. Let the mayor put himself at the head of the movement, and by public meeting and discussion enlist the sympathies of the public in its favour; then let a committee be formed which shall thoroughly represent the views and feelings of all classes in the city. Hospital Sunday in Norwich will by such means be an assured success.

THE DRAINAGE OF WINDSOR CASTLE.

SINCE our readers were furnished in THE LANCET of September 7th with a detailed account of the reforms that were being effected in the drainage of Windsor Castle, these works have been pushed rapidly forward, and will be entirely completed before the arrival of Her Majesty at Windsor next month. The alterations at the castle itself are, indeed, already finished, and the late heavy rains have given the separate system a full and successful trial. Additional ventilators, not contemplated in the original plan, have been fixed to the old soil pipes, and their outlets have been in all cases carried completely up to the battlements of the castle. The overflow of pure water from all the cisterns and fountains has been intercepted and conducted outside the castle walls, but is so abundant, and at so high an elevation, that some plan for its utilisation should be adopted. The drains at Frogmore, and at the adjacent buildings, will be entirely completed in a few days. Numerous ventilating shafts have been fixed along the course of the drain, and, when near roads and houses, are carried up walls or trees. None of them are furnished with charcoal or any other filtering medium.

The arrangements at the outfall are progressing rapidly, and, pending their completion, the foul drainage is directed by a safety overflow into the river. It is believed that the entire scheme will be completed, and the farm in working order, at or about the end of the year, when we propose to inspect it again, as it appears that the exact nature of the deodorising process is not yet determined, and is of course an item of the greatest importance.

THREE-GRAIN DOSES OF MORPHIA.

A PAINFUL case of death has occurred at Corower, in the interior of the colony of Victoria, after the administration of two three-grain doses of acetate of morphia, on the prescription of a medical man in a case of alleged delirium tremens. Four grains divided into four doses had previously been prescribed, one dose to be taken hourly till sleep was produced. All this was taken without the slightest effect. The next day the doctor, emboldened probably by the failure of grain doses and the nature of the case, prescribed the following mixture: 18 grains of acetate of morphia, 3 drachms of tincture of cardamoms, 2 drachms of

spirit of chloroform, with sufficient water to make a six-ounce mixture; two tablespoonfuls every two hours. After two doses he slept heavily, and died. It was found that a little more than the proper quantity of two doses had been taken out of the bottle, so that, instead of six grains, the patient probably got seven or eight of morphia. We will only make two remarks on this case. The advance from one grain to three of morphia was an error. The patient had better have "raged" for three days than get sleep on three grains of morphia. Secondly, such medicines ought to be supplied only in single, or at most in two doses. A mixture with eighteen grains of morphia in it is not heroic merely, but terrific. And no chemist should dispense such a mixture without a personal interview with the prescriber of it, and an explicit understanding with, not the patient, but the person who is to administer it.

THE ANGLO-AMERICAN CONTESTS.

THE oarsmen and cricketers of America having been overmatched by those of the mother country in the late international contests, our contemporary, the *Philadelphia Medical Times*, asks whether the American race is physically degenerating? In answering this, due consideration is given, and very justly so, to the fact that the English competitors resembled Voltaire's trees, which grew well, he said, because they had nothing else to do. The English crew and cricketers were picked men, who had fully devoted their time and energies to their rowing and cricketing, which the Americans had not. Alluding to the more anxious, nervous, and mercurial temperament of the American race, our contemporary thinks that the feverish haste with which business and pleasure are pursued in the States will subside in time, and that as public affairs become more and more settled a cooler and steadier tone and habit of mind will be acquired. The effect which the out-of-door life and hard exercise had upon American officers during their late war in increasing their physical development and mental tone is dwelt upon with the view of urging that the lesson should not be lost. The effects of luxury and excitement, all the world over, are no doubt injurious and enervating. We fully believe that if the same physical exercises were as fashionable among the young men of America as among ourselves, and the same care and attention were given on both sides, the results of future international contests might be different. We suspect, however, that differences of climate exert a considerable physiological influence in modifying races, and that M. Taine struck a true note, though he exaggerated its power, when he declared, in speaking of the Béarn peasants, that the race moulds the individual, and the country moulds the race. A degree of heat in the atmosphere and of inclination in the soil is the primary cause of our faculties and passions.

ENTERIC FEVER IN HUCKNALL FORKARD.

HUCKNALL FORKARD, in Nottinghamshire, is a town having a population of about 4000. It has recently suffered severely from enteric fever, and a report now lies before us of an inquiry into the causes of the prevalence of this disease in the town and neighbourhood made by Dr. Gwynne Harries, one of the medical inspectors of the Local Government Board. The report affords another illustration, graphically told, of the determination of grave outbreaks of enteric fever by water poisoned with the discharges of persons sick from the disease. The town lies upon a loose and pervious soil, from which chiefly the water-supply is obtained by means of shallow wells. Other sources of water-supply are "spouts," to which open streams are conducted. The privies are excavated in the soil contiguous to the wells, and the streams supplying the spouts are exposed to pollution, excremental and other. Thus, as to the relation of privies and wells, the following is an example:—In a small, flagged yard, at the back of two houses, there is a privy full of wet fæces, and not a yard distant from it the well with loose stone cover. "The contents of the privy-pit can either flow into the well over the surface, or soak into it under the flags." Of the water-supply of one of the spouts, Dr. Harries states, "the water has previously run under a privy, though not exactly below the seat, flowed alongside the road, run by a garden bestrewn with fæces, and skirted the privy of the windmill." Enteric fever has long been present in the district. Early in June an immense rainfall flooded the greater part of the town, and must necessarily have washed the contents of many privy-pits into wells. The outbreak of fever which was the immediate object of inquiry followed. Summing up the results, Dr. Harries says, "In an already fever-infected population thus drinking fouled water, breathing impure air, and living in damp houses, it would be more difficult to account for the absence of such an epidemic than to explain its presence."

DR. DRUITT.

OUR readers will, we are assured, share with us the regret that we feel in having to announce that Dr. Druitt has been compelled to leave England for a long period, in consequence of his having been failing in health for some time. We understand that it is the desire of many of the leading members of the profession to condole with him in his affliction, and at the same time to recognise in some public manner the benefits that have accrued from his literary labours and from his work as an officer of health. With this object, a preliminary meeting of those desirous of promoting the movement took place at Mr. Haynes Walton's residence on Thursday last. On what Dr. Druitt has accomplished in the literature of our profession, and in sanitary and social matters, there is no need to dwell; but his great urbanity and kindliness of disposition led him into numberless little acts of generosity and self-sacrifice, professional and otherwise, that can only be known to those who were fortunate enough to be intimately associated with him. For our parts, we join his friends and admirers in heartily wishing him the return of health necessary to restore him to his post and enable him to carry on his literary labours with the same fresh and genial spirit as of yore.

THE CHEMICAL ANALYSIS OF INDIAN WATERS.

MR. NICHOLSON, F.C.S., assistant-surgeon of the Royal Artillery, has been lately breaking a lance with Mr. Macnamara, the chemical examiner to the Government of India. The points on which the controversy mainly turns are of a purely chemical nature, regarding the value of the latter gentleman's scheme of water analysis. In Assistant-surgeon Nicholson's last paper, published in the *Madras Monthly Journal of Medical Science* for September, an objection is raised to the determination of alkaline chlorides as given in Mr. Macnamara's scheme. There is no necessity for us, however, to enter into this controversy. It may suffice to say that the method adopted by Mr. Macnamara is that given by Fresenius, and that the scheme of the Government analyst was submitted to and approved by several eminent chemists in this country. But a question is raised by Mr. Nicholson of another kind—namely, as to the practical conclusions that have been drawn from these chemical analyses, by which "good waters" have been "condemned wholesale." The published results of the

analyses of two waters from separate wells, with the appended remarks, are selected by Mr. Nicholson for criticism, and he contends that the condemned waters are good, and that no possible source of sewage contamination exists in their neighbourhood. In the case of the spring-water of Murree, he declares that it is of excellent quality, and that it has been erroneously considered to be polluted by oxidised sewage because of the small amount of nitric acid that happened to be present in it. He alleges, in another case, that the presence of sulphates in ample proportion to the chlorides is good evidence of the latter being caused by a slight admixture of marine salts with a naturally pure water; and in regard to the nitrates, he asserts that their presence in water may be quite normal, considering the nature of Indian subsoils, and that there is no necessity to call in the aid of oxidised products of sewage to account for them.

HEALTH OF PUBLIC SCHOOLS.

THE completion of new schools and a gymnasium, now for some years in progress, at Rugby, is of wider than merely local bearing. That illustrious foundation, celebrated all the world over as the scene of Arnold's life and labours, and the seed-bed of so much that is masculine and healthy in thought and action, has taken the lead in a direction which other institutions of the kind would do well to follow. Increased accommodation, with improved sanitary conditions, for the scholars, and the addition of a well-appointed gymnasium to the resources of the school, are innovations for which nearly every educational establishment on a similar scale throughout the country would be the better. There is no doubt that the school interiors in which the young brains of the upper classes are subjected to so much severe intellectual discipline might, in the majority of instances, be better supplied with air and even light; while something like the systematic regulation of physical exercise would be a great improvement on the haphazard mode in which school sports, so productive of over-exertion, are carried on. Nay more, another leaf might be taken out of the book of our German cousins; and the periodic subjection of every boy in the school to medical examination would, as at Wiesbaden, for instance, arrest in the bud many influences disastrous to his future moral and physical well-being. An extension of the provisions of the Public Health Act to our grammar schools, so as to secure them not only against epidemic disease, but against the more insidious effects of non-hygienic conditions, to say nothing of other influences not less prejudicial to their inmates, would, we are certain, command the sympathy and support of every considerate parent in the kingdom.

COTTAGE HOSPITALS.

THE example of Miss Trafford Southwell, whose munificent gift of a cottage hospital to the town of Wisbeach we lately noticed, will, we hope, have many imitators. Nothing so effectively conciliates the goodwill of localities as the forthputting of charity in this direction. It is one of the points on which the lay press is thoroughly in accord with the professional; witness the excellent remarks of the *Daily Telegraph* on Miss Trafford Southwell's gift. "Local hospitals," says our contemporary, "ready of access, but not extensive or pretentious, are a great and urgent want in our country districts. What we need is not so much large institutions, where funds are always wasted, as plenty of smaller ones, where the attendants will not be overburdened with work, and where the poor patient can be treated as a suffering fellow-creature, kindly handled and doctored with fresh air, not ticketed with a distinctive number, and lost in a miasm of other sufferers." The argument against "hospitalism" is, of course, a little too strongly put here—stronger than its originator, Sir James Simpson, put it. But it is well that the nucleus of truth embodied in it should be kept before the public, and that the urgent need for cottage hospitals and convalescent homes should be impressed on the munificent.

THE DISEASE AMONG HORSES IN AMERICA.

WHAT is termed the "horse epidemic" is assuming alarming proportions in the United States and Canada, attacking horses of all ages and conditions, and in all parts. Fortunately, however, the fatality is not very great. A Canadian paper states that the premonitory symptoms of the disease are dulness, a staring coat, a watery discharge from the nose, speedily followed by a severe hacking cough, quickened pulsation, hot mouth, congestion of the nasal membranes, with preternatural coldness of the ears and legs. After a short time the discharge from the nose increases and becomes of a greenish-yellow colour, and the breathing becomes laboured and oppressed, with probable lung or pleura mischief. These pathological data would seem to point to catarrh, and suggest energetic treatment. After a few very sensible observations on the latter question, the writer of the article, as the result of his observations of several hundreds of cases since the outbreak, expresses his confidence that, with care and judicious treatment, the mortality will be very small.

TIVERTON INFIRMARY.

THE Board of Guardians of Tiverton, as subscribers to the infirmary, have appointed Mr. Pearce to represent them in a public meeting in regard to the recent appointment of house-surgeon. Mr. Pearce, in speaking at the board on the subject, said "he did think that the influence of the four out of the five honorary medical officers ought not to have been disregarded. Certainly a young person who had only been fifteen months at the profession could not be qualified for the office of house-surgeon. Therefore he did hope that everyone living in the neighbourhood who were subscribers, or in any way derived benefit from the institution, would take an interest in the matter, and thus endeavour to uphold the institution in the future." Mr. Turner remarked that if the committee did not do what was right they must withdraw their subscription.

MR. HENLEY, Poor-law Inspector, has forwarded an invitation to the local Board of Health and to the Boards of Guardians in his district, requesting them to meet him at Oxford on Monday, November 4th, for the purpose of holding a conference on the subject of the appointment of medical officers of health. It will be evident from this that the determination of the character of the office and the question of emolument will be left pretty much to the suggestions of the old Poor-law staff, an arrangement of Mr. Stansfeld's which bodes ill for the pecuniary interests of the medical gentlemen who will be engaged.

THE Metropolitan Asylums Board have resigned the *Dreadnought* into the hands of the Admiralty, and, as the Port Sanitary Committee of the Corporation do not care to have her, she is to be removed forthwith, and taken down to Chatham. She and her predecessors have occupied a position off Deptford Creek for more than fifty years.

DR. FRANKLAND'S last Report on the Metropolitan Water-supply describes the water delivered by the Companies as being well filtered, clear, and transparent.

WE understand that Mr. Tom Taylor has left the Government service, the office he held having been superseded by the new Local Government Board. He entered the public service in 1850, as assistant-secretary to the then Public Health Act Board, at £750 per annum, and in 1858 was appointed secretary under the Local Government Act, at a salary of £1000 a year. He now retires, at the age of fifty-five, with a pension of £650 a year. We wonder whether the new Board intends having new brooms in all the departments; if so, it will be most gratifying intelligence for the old brooms, who are not likely to object, we imagine, if they are all to retire on proportionate pensions.

ACCORDING to the report of Dr. Corfield, the medical officer of health for Islington, the death-rate of the parish for the five weeks ending September 28th was equivalent to 17 per 1000 per annum on the population estimated to the middle of the year, that of the whole of London having been 19 per 1000 in the same period. The number of deaths from diseases of the respiratory organs was much higher than any before recorded during the same space of time. Dr. Corfield urges the necessity of thorough disinfection, by means of carbolic acid and water, of rooms which have been occupied by persons suffering from infectious disease.

THE local authorities of Marylebone have been putting into good and wholesome exercise the powers vested in them by the Artisans and Labourers' Dwellings Act. Several heaps of bricks and rotten timber, euphemistically called houses, have been deservedly demolished, and others declared by the medical officer of health to be unfit for human habitation have been shut up.

IN connexion with the movement now becoming general against the adulteration of food and drink, two articles on spurious tea and on Liebig's extract of meat appear in *Food, Water, and Air*. They will be found in all respects worthy of their author, Dr. Hill Hassall, the accomplished analyst who edits that journal.

THE accommodation afforded for the departments of Physiology and Comparative Anatomy in the new museums and lecture-rooms at Cambridge being insufficient, the Syndicate have intimated their intention of making the necessary additions, at the estimated cost of £5600, exclusive of £500 for the ground required.

ON Tuesday last Sir William Thompson, D.C.L., was elected a Fellow of St. Peter's College, Cambridge. It is now twenty-seven years since Sir William graduated at Cambridge, coming out Second Wrangler and First Smith's Prizeman.

THE mortality last week in London and twenty other large towns was at the rate of twenty-four deaths annually to every thousand of the estimated population. Zymotic diseases show a further diminution in the metropolis.

THE want of additional accommodation for lunatics has become so urgent in Surrey that we understand it has been decided to extend the capabilities of Wandsworth and Brookwood Asylums, at a cost to the county of £73,000.

A PLAN for the systematic and thorough drainage of the South and East Staffordshire mines is in course of preparation.

THE rinderpest has broken out in Warsaw and the neighbourhood.

CHOLERA is reported to have appeared at Dantzic and Culm in Prussia.

NINETY-FOUR cases of cholera are reported from Buda, in Hungary, twenty-seven proving fatal. Twenty-nine soldiers were taken ill simultaneously, and five of them died.

MR. DARWIN has retired from the contest for the post of Lord Rector of Aberdeen University, on the ground of ill-health.

THE ADULTERATION ACT AND MEDICAL OFFICERS OF HEALTH.

AT a meeting of the Association of Medical Officers of Health, held on the 28th October, the following suggestions for the effective working of the Adulteration of Food, Drugs, &c., Act, 1872, were adopted:—

1. That the Adulteration of Food Act, 1872, notwithstanding its imperfections, is capable, with proper management, of being made an important and valuable public measure.

2. That if the Act be put in force in the metropolis, it will be most desirable that the several analysts appointed by the vestries and district boards should work conjointly, and in accordance with some pre-arranged system.

3. That it is advisable that all the work of analysis throughout the metropolis should be performed in as few laboratories as possible, say two; and that skilled assistants should be constantly engaged therein to conduct the analyses, under the superintendence and in the presence of the appointed analysts.

4. That it will be necessary for each of the food analysts appointed by the vestries and district boards of the metropolis to contribute, *pro rata*, according to the amount of work done, to the maintenance of the said laboratories.

5. That, guided by the practical experience of two of the members of the committee—namely, Dr. Letheby, the Professor of Chemistry in the College of the London Hospital, and Dr. Stevenson, the Lecturer on Chemistry at Guy's Hospital,—the committee are of opinion that the work of analysis &c. under the Act, cannot be fully and effectually performed at a less charge to the vestries and district boards of the metropolis than from £100 to £200 per annum to each of the appointed analysts.

6. The committee are strongly of opinion that if a too strict economy is exercised by the local authorities who are appointed to carry out the provisions of the Act, whether in this metropolis or in the country, the objects of the Act will not be attained, and the interests of the public will not be served; for the Act will either become a dead letter, as in the case of the Act of 1860, or it will be made the medium of persecution, and perhaps also of the most offensive quackery. Already there is evidence of this, and we submit, for the earnest consideration of local authorities, that those who are appointed analysts under the Act should be strictly debarred from giving any certificate or testimonial as to the purity or impurity of any article of food or drink, or drug, other than for the purposes of the Act, and every certificate should be so worded as to prevent its use for advertising trade purposes.

7. That as the success of this Act will largely depend on the manner in which the duties cast on the Inspector are carried out, it is considered advisable that he should be under the direct control of the local authority or of the analyst in purchasing or procuring samples of food or drink, or drug, for analytical examination.

FOREIGN INTELLIGENCE.

OVARIOTOMY has just been performed in Italy for the twenty-ninth time. The operation was performed at Lugo, by Dr. Domenico Peruzzi, in a case of unilocular cyst of the right ovary. The results are not yet known. Ovariotomy has been as yet so little generalised in Italy that the journals and profession note every additional performance with peculiar interest, and almost with emotion.

It is announced in Spain that the Department of la Gobernacion is drawing up the scheme of a contemplated law intended to provide for the widows of medical men

who may die during the performance of their duties in times of epidemic.

Small-pox is still extremely prevalent in Vienna. From the 6th to the 13th instant there were eighty-two deaths due to the disease. The epidemic does not show signs of being on the wane. The number of deaths among males far exceeds that among females.

The appointment of Don Cayetano Rosell as Director General of Public Instruction in Madrid is greeted with much pleasure by the Spanish medical journals, as they expect he will do something to alleviate "the anarchy which at present exists at the Faculty of Medicine and in various other departments of public education."

Dr. Charles Spurzheim, Director of the Lunatic Asylum of Lower Austria, has just died. He was a distinguished worker in psychiatry, and had travelled much out of his own country in order to carry out his favourite studies and researches as thoroughly as possible. In 1848 Spurzheim was elected to the Parliament of Frankfort. He was an ardent promoter of the non-restrictive system.

The Free University of Brussels has just inaugurated its new academical year. The ceremony took place among a large concourse of students, professors, and lay assistants. The Inspector of the University, M. Van Schoor, read the report on the progress of the alumni during the preceding year, and registered with regret the deaths of two of the professors—Franqui and Van Rosseghem. He was followed by the pro-rector, M. Van Bemmel, who uttered the most grievous complaints against the grinding system, and the plan of working at a set programme in view of examinations. This was narrowing education in the extreme, "and," said the orator, "universities were not destined exclusively for the purpose of making doctors and barristers, but should be organised with the higher object of making men."

A new system of sanitary inspection is about to be adopted in Austria. It will mainly consist in dividing the country into a number of sanitary centres, each having a sanitary council, presided over by a medical man. It will be the business of the councils to ascertain all causes of insalubrity, point them out to the political authorities, and see that they are removed.

Drs. Puccioni and Gozzini, of Florence, have just performed removal of one-half of the tongue, in a case of epithelioma, by means of the galvano-caustic wire. The whole operation did not last seven minutes, produced scarcely any suffering, was without the slightest loss of blood, and attended by no febrile reaction. The authors employed the double-wire process which they have invented.

The opening of the Lisbon School of Medicine and Surgery took place on the 5th ult., and was a very successful meeting.

Correspondence.

"Audi alteram partem."

CONDENSED MILK.

To the Editor of THE LANCET.

SIR,—The different forms of condensed milk—Swiss and Aylesbury—have now been in very extensive use for some time, and upon all sides one hears them spoken of with unqualified approval. My object in forwarding this letter is not an endeavour to dissuade people from using the condensed milk, but to see whether other medical men have observed certain injurious effects from its continued use, or whether my observations have only been due to coincidence.

In May, 1871, I began to order infants deprived of the breast to have condensed milk, diluted in different proportions, according to the age of the infant; and I have, up to the present time, continued to advise its use. I may just briefly mention a few of its advantages, which of course are well known. First, its uniform purity; next, it can always be kept in the house ready for use, and can be fresh made each time the child requires feeding. This is a great advantage in London during the summer months. I have frequently in hot weather found that cow's milk, which had only been milked, to my own knowledge, at six o'clock P.M., and was then kept in a cool place, with a piece of ice in, was quite sour, and therefore, of course, unfit for an infant, by five o'clock next morning. Children like the condensed milk far better than cow's milk; I suppose from its sweetness. Its general effect is that infants thrive remarkably, and get very much fatter, as a rule, on it, than even on the breast. To look at, children brought up on condensed milk are extremely healthy.

Now arises the question, which has induced me to trespass upon you with this letter—viz., are all the children really strong and well nourished, or are they only strong-looking? That they are well fattened is manifest, but is the fatness only the result of a sort of converse "Bantingism"? The continued use of the so-called Banting regimen will, no doubt, soon reduce a man's adipose tissue and weight, but it will do so at the expense of deteriorating the whole system, of dangerously lowering the vitality, and, therefore, the power of resisting disease. So likewise I have observed in a number of cases carefully watched during the past eighteen months, that while condensed milk fattens, and while children apparently thrive upon it, the vitality of the child is below par to a very dangerous degree.

I found that during the summers of 1871 and 1872 children taking condensed milk sank rapidly of diarrhœa which was not at all severe, or such as to cause alarm, and that the prostration was out of all proportion to the severity of the disease and came on almost immediately. Indeed, as far as my experience goes, it has been invariably the case that children fed on condensed milk, and attacked with diarrhœa at all severely, almost immediately get into a semi-collapsed state, and if brandy be not at once given, they die. I have observed the same with regard to other diseases, as for instance measles, whooping-cough, and bronchitis. The resisting power of the child has been bad, and those children brought up on the impure London-fed cow's milk will resist an attack of acute disease better than children fed on condensed milk. I can give no explanation of this. Whether my observations be correct or only the result of a strange series of coincidences, it is a matter well worthy of more extended investigation.

I have now before me the notes of a number of cases confirming the above views. In one child that I saw, fed entirely upon condensed milk from a month old, collapse set in from a few hours' diarrhœa, which was not at all severe, and the child only recovered by the very free use of brandy. This child was in perfect health to look at before the attack. Another child, taking the condensed milk, and who was on the brink of the grave from one day's slight diarrhœa, by my advice was afterwards fed on goat's milk, and while taking goat's milk it had another attack of diarrhœa, more severe than the first; but the alarming symptoms of exhaustion did not come on, and the child was soon well. I could relate many such cases. I have seen several children sink of slight diarrhœa in a few hours who were being brought up on the condensed milk, the children being healthy to look at, and the diarrhœa such as generally gets well. I do not wish to draw any positive conclusion from these cases; I only state what I have observed. Again, I have invariably found that children brought up on this milk are most backward in walking, no doubt due to the inferior muscular nutrition, and also that the anterior fontanelle is very late in closing, arising from the osseous system not being properly nourished. The children generally, too, have the abdomen rather large. I may mention, also, that it is most difficult to get children using condensed milk to take other kinds of food, and as they grow old enough to eat farinaceous puddings they will not touch them unless they are saturated with sugar.

Such, briefly, are some of the results from feeding with condensed milk which I have observed. No one will rejoice more than I shall if greater experience and more extended observation prove my ideas to have been erroneous; but I have felt it my duty to bring the matter at once before the medical profession, in order that it may reflect for a moment before deciding that all infants deprived of the breast are to be brought up on a long-continued course of condensed milk.—I am, Sir, yours, &c.,

Queen's-road, Dalston, Oct. 17th, 1872. FREDERICK H. DALY, M.D.

*** We shall be glad to learn the experience of other medical practitioners on this question.—ED. L.

ON FEEDING THE INSANE THROUGH THE NOSTRIL.

To the Editor of THE LANCET.

SIR,—I observe that a discussion has sprung up of late respecting the methods of forcibly feeding patients who refuse nourishment, originating out of a paper "On Feeding the Insane by the Nose," published by Dr. Moxey in 1869. His article appeared at a time when the superintendents of asylums are busy in revising their annual reports, and it escaped my notice, otherwise I should have written to corroborate his general views upon the subject, a knowledge of which I have since gathered from his corollary or complementary essay in THE LANCET of the 5th instant, and to further state that no other method than that of feeding through the nostril had been practised in this asylum for several years. Upon my appointment here in 1855 I found the œsophageal tube in use, through which liquid food was forced into the stomach by means of Eguisier's fountain or irrigateur, an instrument considered less troublesome than the stomach-pump. I tried it that year on several occasions, but with serious misgivings as to its utility. A notion then prevailed—I think an erroneous one—that the formidable appearance of the preparations, the manutension, the gagging, the forcing of the tube into the viscus, the annoyance and discomfort attending thereon, the disagreeable effects resulting therefrom, and the repulsive character of the operation as a whole, would deter a patient from abstaining in future. The loss of time, the risk of injury, and the violence of this method led me soon to abandon all forcible feeding by the mouth.

My plan has been and is as follows:—The patient, unless already in bed—as is often the case with melancholics suffering from disorders of digestion or exhaustion,—is ordered to be undressed and to lie down there on his back, his arms resting by his sides, the bedclothes covering him in the ordinary way. Two attendants (one is occasionally sufficient) are told to sit on the bedding, one on each side of the invalid. Their position alone hinders him from rising, and their hands are free to prevent any movement of his arms. The surgeon stands on the right of the patient, and a little behind, holding in his right hand an ordinary earthenware invalid feeding-cup containing the nourishment. He then places the nozzle into the left nostril, closing the right with the thumb and the left nostril with the fingers of the left hand, steadying the head at the same time between his arm and side, the mouth being left perfectly free for respiration. The head being now slightly inclined to the patient's left, the contents of the cup are allowed to trickle along the left wall of the nasal cavity into the pharynx, and thence to the stomach. It will thus be seen that there is no restraining apparatus, nor gag, œsophageal tube, pump, other machinery, or even an extra funnel required. The feeder may be made of metal, but the common earthenware feeding-cup, as figured in Burgoyne and Burbidge's price current at 8d. apiece, will suffice. The food administered consists most frequently of milk and arrowroot, or beef-tea and arrowroot. An indefinite quantity may be thus administered without risk of bruises. The facility of the proceeding surprises the patient, who finds himself thus fed in a few minutes whilst comfortably resting in bed. The operation is concluded as soon as the surgeon and attendants rise from the bedside. It is evident that more food can be administered this way than through a tube contained by the œsophagus, and without risk of mechanical injury to the textures which extend from the external orifices to the stomach.

It never struck me that there was any novelty in feeding a patient through the nostril. I have regarded it merely as a choice of several recognised procedures. I do not remember the time when the notion was not familiar to me. Twenty-five years ago, when driving through the parish of Scarcliffe, Derbyshire, in a storm of sleet, the horse suddenly staggered, and fell forward apparently in a dying state. Upon removing the gig, the animal was with difficulty led to a dreary wayside stable not far off. The people who lived hard by could render him no veterinary assistance. Being extremely anxious to save him, I poured about half a pint of gin down his nostril, and surrounded him with dry straw. The experiment was successful, for he trotted home twenty miles the next day. An attendant who left here in 1859 informs me that at various times since then he has fed private patients in the town in this way and that he learnt the practice here. The oldest nurse in the establishment says that one of her first duties was to assist me daily in feeding a woman through the nose twelve years ago. I have just received the following note from Dr. John Sutton, who was the first appointed assistant medical officer here in 1861:—"I well remember the method of forcibly feeding the insane practised at Nottingham County and Borough Asylum during my term of office. I never saw any other method adopted than the one you mention—viz., pouring the food through the nostril into the pharynx by means of an invalid feeding cup with a spout." Mr. William Joseph Marsh of Shrewsbury, who was formerly medical assistant here, and subsequently of the Oxford County Asylum, writes also to the following effect:—"I have much pleasure in testifying to the fact that it was from you, at the Nottingham County Asylum, in the year 1866, that I learnt the art of feeding patients, when necessary, through the nostril by means of a metal (pewter?) feeding cup, almost but not entirely closed at the top, and fitted with a perforated blunt nozzle, which was introduced into the nostril. The process required care, but it was successful."—I am, Sir, your obedient servant,

WM. PHILLIMORE STIFF, M.B.,
Superintendent.

County and Borough Lunatic Asylum, Snenton,
Nottingham, October 19th, 1872.

CASUALTY ROOMS.

To the Editor of THE LANCET.

SIR,—You will pardon the liberty which I am taking in writing to you on a subject which has been brought twice under my notice during the last six months. That subject is the expediency, if possible, of having those who require surgical treatment spared the pain of seeing sufferers like themselves attended to.

During last summer I was in a hansom which ran over a little boy's foot, and I put him into a cab and took him to a London hospital. We were shown into a room where the patients were being treated—one for a crushed hand, the other for a dislocated shoulder, and my little patient had to sit by until his turn came. The first was a very bad case. A poor fellow had his hand completely smashed by a block of granite, and the surgeon was sewing up the fingers. The other sufferer, with a dislocated shoulder, was in excruciating pain. No doubt they were treated with all the skill and humanity possible, but to myself, a bystander who was not going to be operated upon, it occasioned great sickness, and a shock to the nervous system which would have badly qualified me to submit myself to the surgeon's hand. The second instance to which I allude was that of a poor little fellow in my own parish, who is being treated for his eyes, the necessary application being very painful. His father told me that it was much worse owing to his being in the same room with a fellow-sufferer who was attended to first.

Owing to the circumstance of my having had an intimate friend who was a hospital chaplain, I had the opportunity of being behind the scenes occasionally, and no one can bear stronger testimony to the affectionate care of members of your profession to the sick and wounded—especially to children—than I can.

I ask you now whether it would not be possible, in all hospitals, for patients who have received a sudden accident to be attended to in some separate room, or, at any rate, to be screened from one another when operated upon?

I am sure you will pardon this intrusion, as I write simply for a good cause.—I am, Sir, yours obediently,

Parliament-street, Oct. 1872. F. E.

MILITANT HEALTH INSPECTORS.

To the Editor of THE LANCET.

SIR,—Among the items of Indian military news in the *Army and Navy Gazette* of October 5th, which I forward, you will observe that the aide-de-camp of the late Viceroy has been obliged to take two years' furlough in consequence of bad health, and, that his valuable services may not be lost,

he has been appointed to an English inspectorship under the New Public Health Act. Will you kindly lend me your valuable aid to impress upon the conscience of our rulers that it is a poor rule which will not work both ways, and also to remind them that the sauce for a goose is well adapted for a gander. I lost my health in India while serving as a medical officer, and have been on half-pay for more than two years. I beg to offer my services as aide-de-camp, therefore, to any general at home, and have the enormous qualification of ignorance of the duties to be performed.

Yours truly,

October, 1872. M.R.C.S.

MANCHESTER.

(*From our own Correspondent.*)

THE Manchester Medical Society held its first meeting this session on the 2nd inst., and, as usual at the first meeting after the long vacation, the attendance of members was not up to the average, although the business was of a varied and interesting nature. Dr. Samelson showed a case of total absence of the lens and iris, and a case of retroflexion of the iris, both of traumatic origin, and to the ophthalmologist of great interest. Dr. Leech related the particulars of a case shown by him at a previous meeting of the Society, in which a small tuberculous tumour was found post mortem in the medulla oblongata. The specimen was exhibited. It is to be hoped that Dr. Leech will send the details of this very interesting case for publication in THE LANCET. Dr. Lloyd Roberts showed a child six weeks old, with a congenital tumour of the neck and right breast. The tumour, which Dr. Roberts proposed to excise, was about the size of a fœtal head, and was increasing; it was most probably malignant. Dr. Roberts also showed an inflated cyst, removed by abdominal section, which was supposed to be ovarian, but which proved to be unconnected with the uterus or appendages, to have no pedicle or other attachment beyond being covered with peritoneum. The woman made a good recovery. Dr. Roberts further showed the scoop used by Professor Simon, of Heidelberg, for the removal of excrescences in cases of cancer of the uterus, and spoke very favourably of its use in arresting the progress of the disease, stopping hæmorrhage, and relieving pain, in several cases of uterine cancer under his care in St. Mary's Hospital. Mr. Cullingworth showed, and made some interesting observations on, a case of chancre of the lip in a woman aged twenty-eight. It occupied about two-thirds of the upper lip, invading all the structures between the lip and nose. It had existed for five weeks, during the last two of which it had considerably decreased in size. There was no glandular enlargement to be detected. Mr. Whitehead showed a woman whose elbow-joint he had excised ten months ago, while she was suffering from tertiary syphilis. The disease extended two inches and a half up the humerus. She now follows her occupation of charwoman, having free movement not only of flexion and extension, but also of pronation and supination. Dr. Haddon read a paper on acute rheumatism in private practice, with special reference to temperature as diagnostic of cardiac complication.

Manchester, Oct. 29th, 1872.

IRELAND.

(*From our own Correspondent.*)

AT a meeting of the Provost and Senior Fellows of the University of Dublin on Saturday last, it was arranged that Dr. MacDowel, late Professor of Anatomy, should be re-elected at a reduced salary of £750 per annum. It was also resolved that a professor of Comparative Anatomy should likewise be appointed, to be partly endowed from the fees of the dissecting-room, who shall deliver forty lectures on that subject, and shall also attend two hours daily in the dissecting-room of the University School of Physic, and shall receive £100 a year from the College funds for performing these duties. This, combined with a moiety of the dissecting-room fees, will bring the emolument to £300 or £400 a year; but the holder will not be allowed any private practice. It is confidently expected that Dr. Macalister, Professor of Zoology, will be appointed to this new post.

On Monday, the 21st inst., Mr. O'Grady, one of the surgeons to Mercer's Hospital, performed the operation of ovariotomy, and up to this period the woman has progressed most favourably, although at one time suffering from peritonitis. The cyst was unilocular, and contained about seven pints of serum, and there were but few adhesions present. The mortality in this city from ovariotomy is something extraordinary, about six cases only having proved successful; and the only explanation of this remarkable fact is that surgeons here wait too long before operating, so that the patient's constitution is debilitated, and they become unable to resist the effects of such an important operation.

Dr. O'Brien having retired from the medical charge of the Johnstown Dispensary, Edenderry Union, the Committee of Management and his other friends lately presented him with a purse containing 230 sovereigns, a splendid carriage, and an address expressing their respect and regard, and requesting him to accept the testimonial as a mark of their gratitude for the manner in which he had discharged the important duties of medical officer to the district for a period of fifty-two years.

Dr. Hamerton, medical officer of the Wilkinstown and Castletown Dispensaries, was last week presented with a covered carriage and a purse containing a sum of money, as a token of the high esteem entertained for him in the districts in which he has laboured for the last thirty-seven years, and as an evidence of the gratification of his many friends at his recovery from a severe and protracted illness. A highly complimentary address was also given to Dr. Hamerton at the same time.

At a meeting of the Dublin Sanitary Association, held on the 24th inst., Alfred Baker, Esq., President of the British Medical Association, was unanimously elected an honorary member of the Association.

In consequence of the numerous deaths from chloroform, ether is now being used as an anæsthetic in one of our hospitals in this city with great success by a surgeon who has invented an instrument for inhaling the ether. It generally takes about five minutes to produce insensibility.

A butcher named Nolan was last week summoned by a sanitary inspector for having in his possession a quantity of beef exposed for sale, which, on examination by Dr. Cameron, the city analyst, was found affected with pleuro-pneumonia, was putrid, and quite unfit for food. Mr. Dix, the presiding magistrate, astonished his audience by sentencing the delinquent to a month's imprisonment, in order, as he said, to put an end to the system of selling diseased meat; but later in the day he was induced to let off the offender with a fine of £3 and costs.

Dublin, Oct. 29th, 1872.

PARIS.

(*From our own Correspondent.*)

So much has been said touching the entire harmlessness of puncture of the knee by means of the aspirating trocar that it is really very important to notice a case which was brought this week before the Society of Surgery, and which shows that the operation is not free from danger, and must be used with some care and discrimination. Dr. Dubreuilh, who had the case under his care in the wards of one of the Paris hospitals, deserves credit for his candour in immediately making the fact public. The patient was admitted into his wards for a fracture of the patella, with considerable separation of the fragments and a vast effusion of blood in the articular fossa. Dr. Dubreuilh, with the object of relieving his patient and diminishing the size of the knee, and confident in the harmlessness of the operation, as universally admitted, performed puncture with the aspirator on the inner surface of the joint. No fluid issued. A second puncture on the outer surface was equally unsuccessful. Dr. Dubreuilh then concluded that there existed only clotted blood in the joint, so did not insist farther, but immediately stopped the two capillary openings with collodion, and covered the whole with oil-silk.

During the first few days after the puncture, no symptoms were observed, but on the Tuesday (the day before Dr. Dubreuilh's communication) the patient complained of having suffered the whole night. There was high fever; the swelling of the knee had considerably increased, attended by violent pain, and, on examining the joint, Dr. Dubreuilh stated that the external opening was gaping. On the following day the patient presented all the signs of purulent arthritis, which, said Dr. Dubreuilh, would probably cause death, whereas, had puncture not been employed, the patient would very likely have recovered.

In the discussion which followed this interesting communication, Dr. Dubreuilh's colleagues at the Society were unanimous in condemning indiscriminate puncture of the knee by means of the aspirating trocar. They were agreed in discarding the puncture except in cases where it was absolutely needed. M. Verneuil recommended immobilisation of the knee by means of the silicated apparatus for such cases of acute hydrarthrosis. Dr. Guyon advocated the use of a large blister. Drs. Trélat, Marjolin, and Desprès said they were averse to using the puncture in cases where the effused liquid was blood, and finally all agreed in the opinion that "aspirating" must be regulated within certain limits.

On Saturday last, a meeting of the five Academies constituting the Institute of France took place at the Palais de l'Institut. It was expected that M. Thiers would attend, but he was prevented. M. Bouley, veterinary surgeon at Alfort, represented the Academy of Sciences, of which he is a member, and read a very able paper (perhaps some other subject might have been of more general interest to the auditory) "On the Importation and Propagation of Foot-and-Mouth Disease." The discourse was, however, respectfully listened to.

A report was again current last week concerning the ill-health of M. Thiers, who, *dit-on*, was suffering much from his eyes, and had been obliged to again call in Dr. Desmarres, the oculist. The report, however, is without any foundation, and the President of the Republic is now enjoying perfect health.

Whilst on the subject of the health of French celebrities, I may just mention that the illustrious Guizot is said to be ill with bronchitis, and that the Duke de Grammont, whose name is so well known in connexion with the late war, is suffering from an acute disorder of the alimentary canal, with typhoid symptoms. A few days ago the bulletins touching his health were rather alarming, but they are now hopeful.

In my last letter I mentioned that the Faculty of Medicine would open its academical year on the 4th of next month. It may be of interest to notice in a few words the programme which has been drawn up for the winter course. M. Gavarret will lecture on the physical phenomena of vision; M. Cruveilhier (the younger) will lecture, instead of Professor Dolbeau, on the surgical affections of the genito-urinary apparatus; Professor Sappey on the various systems of locomotion, circulation, and innervation; Professor Chauffard on "common morbid elements" and the elements of general therapeutics; M. Wurtz (the Dean) on the chemical phenomena of respiration and nutrition; M. Axenfeld, on the diseases of the genito-urinary organs; M. Tillaux, on surgical appliances; Professor Robin, on histology; and M. A. Ollivier, instead of Professor Daremberg, on the history of medicine. Lectures on the subjects of clinical medicine will be given as usual at La Charité by Dr. Sée; Hôtel Dieu, by Dr. Béhier; La Pitié, Dr. Lasègue; La Charité, Dr. Bouillaud. Clinical surgery will be represented at La Charité by Dr. Gosselin; La Clinique, by Dr. Broca; La Pitié, Dr. Verneuil; Hôtel Dieu, Dr. Richet. Professor Depaul will lecture on obstetrics, and Dr. Roger on diseases of children, at the Enfant-Jésus.

It is with great regret I mention the death of M. Charles Daremberg, who had only a short time ago (about two years I think) been appointed Professor of the History of Medicine at the Paris Faculty. There had been much reluctance among the professors of the school as to the creation of a special chair for the History of Medicine, and one of the chief grounds for their aversion was the small number of candidates. Daremberg stood out solus, however; and about his abilities and learning there could not be the slightest doubt, so that, as soon as the chair was created, he was unanimously appointed thereto. He was not very successful as an orator, but was eminently so as a writer; and his translations of Hippocrates, Galen, Oribase, and Rufus, as well as numerous papers published in the scientific and daily press (Daremberg was an assiduous contributor to the *Journal des Débats*) gave him a high rank among the historians of medicine. He had been often sent out on missions by the French Government to investigate questions of bibliographic interest, and had frequently gone through much trouble and personal expense in carrying out his learned researches, which, through their special character, did not bring him the renown, popularity, and pecuniary success which he would have gained had he devoted his energies and perseverance to other and more practical pursuits.

Dr. Alphonse Guérin, whose name as the author of the cotton-wool plan of dressing I have so often had occasion to mention recently, has been the victim of a bit of thieving most audaciously carried out. Whilst he was one day last week engaged in his duties at the hospital, a *chevalier d'industrie* called upon his servant with a forged note from the doctor, asking his servant to send a sum of money which he required for the immediate purchase of an instrument needed for an operation. The money was given, and since then nothing has been heard of the borrower.

The health of Paris continues to be remarkably good. The deaths last week were only 730, an extraordinarily good figure compared with the corresponding season during preceding years.

On Saturday last the Sixth Council of War, sitting at Versailles, condemned to death as a defaulter Dr. Regnard, formerly house-surgeon of the Paris hospitals, on account of the important part which he took in the proceedings of the Commune.

The Society of the Medical Officers of the Paris Bureaux de Bienfaisance has just resumed its sittings. Among the questions placed upon the board for discussion is this most important one: Is it possible to supersede the establishment of the new Hôtel Dieu by annexing to each maison de secours a small hospital-asylum of ten beds in each arrondissement, and by improving the present system of home assistance afforded to the poor of Paris?

Paris, October 29th, 1872.

COLLEGE OF SURGEONS.

At the special meeting of the Council of the College of Surgeons on Thursday, the 31st October, Mr. John Birkett was elected an Examiner in the vacancy caused by Mr. Busk's resignation. The names of two other gentlemen were proposed.

Medical News.

Royal College of Physicians of London.—The following gentlemen were duly admitted Fellows of the College on Oct. 31st:—

Cayley, William, M.D. Lond., Welbeck-street.
Madden, William Herries, M.D. Edin., Torquay.
Murray, William, M.D. Durham, Newcastle-on-Tyne.
Tetley, James, M.D. Edin., Torquay.

The following gentlemen, on the same day, were admitted Members of the College:—

Bruce, John Mitchell, M.B. Lond., Gray's-inn-place.
Sparks, Edw. Isaac, M.B. Oxford, Crewkerne, Somersetshire.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 24th:—

Bedford, Charles William, Brighton.
Clark, Peter, Statham, Leicestershire.
Finzi, Judah Moses, Gower-street.
Hopkins, Rees, Pontypridd, Glamorganshire.
Le Mottée, George Herbert, Guernsey.
Parker, George Williams, Newcross-road.
Read, Charles, Jewin-street.

As Assistants in Compounding and Dispensing Medicines:—

Harley, Edward Thomas, Enfield, Middlesex.
Taylor, Stephen John, Westbury, Wilts.

The following gentleman also on the same day passed his Primary Professional Examination:—

Smith, Herbert Neale, Guy's Hospital.

At the recent competitive examination for the Society's Prizes in Materia Medica and Pharmaceutical Chemistry the successful candidates were—

1. Alfred Felix Stevens, St. Bartholomew's. Gold Medal.
2. William Henry Harsant, Guy's. Silver Medal and Book.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen were elected Fellows of the College at a meeting held on Oct. 16th:—

Carmichael, Daniel, Bedlington, Northumberland.
Hepburn, William Joseph, Dublin.
Ketchen, William, Middlesborough, Yorkshire.
Lowe, John, Edinburgh.
Seaton, James, Leeds.
Underhill, Charles Edward, Edinburgh.

The following gentlemen passed their final examinations during the October sittings of the Examiners, and were admitted Licentiates of the College:—

Laidlaw, Robert, Stirlcoats.
Martin, John, Cork.
Whyte, Joseph Allen, Charleston, South Carolina.
Wood, Oswald Gillespie, Kingston, Canada West.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH (DOUBLE QUALIFICATION).—The following gentlemen passed their final examinations during the October sittings of the Examiners, and were admitted L.R.C.P. Ed. and L.R.C.S. Ed.:—

Anderson, William Henry, Lincolnshire.
Bell, John William, Brydekirk.
Bower, William, Lincolnshire.
Braid, Charles, Cheshire.
Cochrane, John, Edinburgh.
Daniel, Jacob, Bombay.
Graham, Arthur, Headon.
Hirons, George Merriman, Worcestershire.
Jackson, Richard Atkinson, Lancaster.
Lithgow, Robert Alexander, Belfast.
Mcenab, Finlay, Glasgow.
Molony, John Francis, Ennis.
Saer, David Protheroe Pembroke.
Scott, Alexander, Ireland.
Small, Thomas, Perfarshire.
Smith, William Ashe, Armagh.
Versfeld, Jacob John, Cape of Good Hope.

The following passed their first professional examination:—
Peter Henry M'Laren, Bedlington; Robert Shaw Hunter, Co. Down; John Martin, Co. Down; Adam Smith Court, Barrow-on-Humber; Robert Vandeleur Kelly, Co. Westmeath.

ON Saturday (this day), at Charing-cross Hospital, Mr. Barwell will perform the following operations:—Excision of hip; amputation of hip.

THE Gresham Lectures (delivered in the College, Basinghall-street) for the coming term will commence on Friday, November 8th.

On the recent promotion of Staff-Surgeon N. T. Wilson, of H.M.S. *Iron Duke*, to the rank of Acting Deputy Inspector-General of Hospitals, his brother officers, as a mark of their esteem, manned the galley, which conveyed him to the *Juno*, *en route* from Nagasaki to Hong Kong.

ROYAL POLYTECHNIC INSTITUTION.—The ghost illusion at this popular resort has lately been greatly elaborated. It is now applied to illustrate a passage in Sir Walter Scott's "Monastery" with a faithfulness that is startling to those not aware of what a combination of lights will effect. The improvements in the spectral representation are due to the ingenuity of Dr. Croft, one of the directors.

BRITISH MEDICAL BENEVOLENT FUND.—At the usual monthly meeting of the committee, held on Tuesday last, the sum of £122 was distributed in grants among seventeen applicants. Eight other cases were either postponed for further inquiry or passed over as unsuitable for relief. A vote of thanks was passed to T. Holloway, Esq., for a donation of £50, through the chairman, Dr. G. C. Jonson.

COLLEGE OF PHYSICIANS, IRELAND.—At the annual meeting of this College, held on St. Luke's Day, the following officers were elected for the ensuing year:—President, Alfred Hudson; vice-president, Robert D. Lyons; censors, W. R. Jennings, James Little, Robert D. Lyons, and Thomas W. Grimshaw; registrar, J. Magee Finny; treasurer, Aquilla Smith; examiners in midwifery, John Ringland and Lombe Atthill; professor of medical jurisprudence, Robert Travers; representative on the General Medical Council, Aquilla Smith.

Medical Appointments.

BRAMWELL, Dr. B., has been elected (subject to confirmation by the Warden of the University of Durham) Lecturer on Medical Jurisprudence and Toxicology at the University of Durham College of Medicine, Newcastle-on-Tyne, vice A. S. Donkin, M.D., resigned.

COLTHURST, J. B., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wincanton West District of the Wincanton Union, Somersetshire, vice J. Surrage, M.D., M.R.C.S.E., resigned.

COUNSELLOR, W. P., L.K.Q.C.P.I., L.M., has been appointed Medical Officer and Public Vaccinator for the Whalley District of the Clitheroe Union, Lancashire, vice W. Baddeley, M.R.C.S.E., deceased.

CROSSE, T. W., F.R.C.S.E., has been appointed a Surgeon to the Norfolk and Norwich Hospital, vice Nichols, resigned.

GOODFELLOW, W. R., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 2 or Roche District of the St. Austell Union, Cornwall.

JOYCE, T., M.D., has been appointed Medical Inspector of Private Lunatic Asylums in the County of Kent, vice E. Farley, M.D., M.R.C.S.E., resigned.

LOVELL, F. O., L.R.C.P.L., M.R.C.S.E., has been appointed Surgeon to the Kilburn and Maida-hill Dispensary, vice J. C. Whaley, M.R.C.S.E., resigned.

MAC BEATH, W., M.D., has been appointed Medical Officer for the Withern District of the Louth Union, Lincolnshire.

M'COY, Dr. R. W., F.R.C.S.I., late Colonial Surgeon at Sierra Leone, has been appointed to be Her Majesty's Colonial Surgeon at Hong Kong, vice J. J. Murray, M.D., retired on pension.

M'HARDY, J., L.F.P. & S. Glas., has been appointed interim Parochial Medical Officer for Kincardine O'Neill, Aberdeenshire, vice W. Stephen, M.D., L.F.P. & S. Glas., appointed to Fettercairn, Kincardineshire.

MIALL, P. E., M.R.C.S.E., has been re-elected a Surgeon to the Bradford Infirmary and Dispensary.

MUNRO, W. S. J. H., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Nettlebed District of the Henley Union, vice J. C. Pritchard, L.R.C.P.Ed., M.R.C.S.E., resigned.

NICHOLS, W. P., F.R.C.S.E., has been appointed Consulting Surgeon to the Norfolk and Norwich Hospital, on resigning as Surgeon.

PRESTON, T. J., M.R.C.S.E., L.M., has been appointed Resident Medical Officer to the East Grinstead General Dispensary, vice W. Dixon, M.B., resigned.

ROSTEN, W. M., M.R.C.S.E., has been appointed a Resident Surgeon to the General Dispensary, Birmingham, vice F. F. Hopkins, M.R.C.S.E., resigned.

SPURGIN, F. W., M.R.C.S.E., L.R.C.P.Ed., has been appointed Divisional Surgeon to the D Division of Metropolitan Police, vice F. Clarke, M.R.C.S.E., resigned.

STEPHENS, R. F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the newly formed No. 7 or St. Stephen's District of the St. Austell Union.

WARD, J., M.R.C.S.E., has been appointed a Resident Surgeon to the General Dispensary, Birmingham, vice W. B. Cochrane, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CONDON.—On the 27th ult., at Eastgate House, Rochester, the wife of J. H. Condon, M.D., of Cawnpore, of a daughter.

FOWLER.—On the 23rd ult., at Cirencester, the wife of O. H. Fowler, M.R.C.S.E., of a son.

GOODE.—On the 27th ult., at Friar-gate, Derby, the wife of H. Goode, M.D., of a daughter.

HUBERT.—On the 28th ult., at Billingshurst, Sussex, the wife of W. H. Hubert, M.R.C.S.E., of a daughter.

LACEY.—On the 28th ult., at Plumstead, Kent, the wife of Thomas Warner Lacey, L.R.C.P.L., M.R.C.S.E., of a son.

SEQUEIRA.—On the 25th ult., at Jewry-street, Aldgate, the wife of H. L. Sequeira, M.R.C.S.E., of a son.

WATTS.—On the 29th ult., at Caterham, the wife of R. G. Watts, M.D., of a son.

MARRIAGES.

BODMAN—OSMOND.—On the 24th ult., at Bath, Francis H. Bodman, M.B., M.R.C.S.E., L.M., of Devizes, Wilts, to Mary Jane, eldest daughter of the late Richard Osmond, Esq., of that city.

CAMPBELL—MACFIE.—On the 23rd ult., at Duncon, N.B., William Macfie Campbell, M.B., of Prince's-park, Liverpool, to Jessie Barbara, younger daughter of the late James Macfie, Esq., of Glasgow.

PITT—BARBER.—On the 22nd ult., at St. John the Baptist's, Croydon, Chas. W. Pitt, M.R.C.S.E., of Malmesbury, Wilts, to Edith Susette, third daughter of Charles Barber, Esq., of Waddon, Croydon.

SIMPSON—BARBOUR.—On the 29th ult., at George-square, Edinburgh, Alex. Russell Simpson, M.D., Professor of Midwifery, &c., in the University of Edinburgh, to Margaret Stewart, daughter of George F. Barbour, Esq., of Bourkeid, Perthshire.

DEATHS.

COOKE.—On the 26th ult., W. R. Cooke, M.R.C.S.E., of Slough, formerly of Burford, aged 56.

COURTENAYE.—In August, at East Templeton, Quebec, E. D'Arcy Courtenaye, Surgeon.

DUNBAR.—At sea, on the passage to New Zealand, H. H. Dunbar (son of H. Dunbar, M.D., of Kirkmaiden), aged 21.

TAYLOR.—On the 22nd ult., at Sheffield, Robert Stopford Taylor, M.R.C.S.E., aged 63.

TORBOCK.—On the 11th ult., Thomas R. Torbock, M.R.C.S.E., of Darlington, aged 73.

YOUNG.—On the 8th ult., F. W. Young, L.R.C.P.L., M.R.C.S.E., of Bury St. Edmund's, aged 27.

Medical Diary of the Week.

Monday, Nov. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. General Meeting for making such Alterations and Additions to the Laws as may be thought necessary.—Dr. Godson, "On a Case of Hæmatoma of the Vagina."—Mr. Jabez Hogg, "On the relation of Cataract, Stricture of the Urethra, and Enlarged Prostate."

Tuesday, Nov. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Peri-nephric Abscess; Multiple Dermoid Cysts; Calculus from the Neck, the Nucleus of which is formed by a fragment of wood; Stricture of the Rectum; Cystic Polypus from the Uterus; Loose Cartilage removed from the Knee-joint; Chronic Herpes, a living subject; A Case and Specimen of Scleroderma; Gordius in the Lungs of Sheep; Abscess of the Liver bursting through Hepatic Vein into Cava and Right Heart; Acute Interstitial Pneumonia; A Serous Cyst presenting at the Anterior Fontanelle; Constriction of the Left Humerus by the Funis; &c. &c.

Wednesday, Nov. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Wallace, "On Vaginal Stethoscopy."—Dr. Edis, "On the Systematic Examination of the Abdomen with a view to the Rectifying of Malpositions."—Dr. Meadows, "On a Case of Extra-Uterine Fœtation."—And other papers.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. H. J. Slack, "On the Structure of the Valve of Eupodiscus Argus and Isthuria Enervis."—Mr. Ingpen: "A proposal for a Standard of Comparison of the Magnifying Powers of Compound Microscopes."

Thursday, Nov. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Mr. H. Power, "On Wounds of the Eye."
HUNTERIAN SOCIETY.—7½ P.M. Council.—8 P.M. Ordinary Meeting.

Friday, Nov. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Geo. Lawson will exhibit a Patient from whom he has removed a large Cancerous Growth from the Antrum by Excision and the application of Chloride of Zinc Paste.—Dr. Duffin, "On the Value of Puncture in Hydatid Tumour of the Liver."—Dr. G. Johnson, "On a Case in which Trismus and Facial Palsy were apparently excited by a Foreign Body in a Wound on the Cheek."—And other papers.

Saturday, Nov. 9.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE WINE TRADE.

A Subscriber of Twenty-two Years points out that a City firm is widely circulating a trade circular, in which it offers the trade or wholesale discount to all members of the profession upon any orders above a Dozen. We agree with our correspondent that such an offer should be resented. It is not desirable that we should be thus subtly drawn into the wine trade, or rather into the business of a particular firm.

HOME FOR SICK CHILDREN, SYDENHAM PARK.

THIS Home was opened on the 29th June, 1872, for the reception of sick children, who, from delicacy of constitution, recent illness, or any other cause, need change of air, good food, and watchful care. It has been established by a lady, who benevolently purchased two semi-detached villas in the above locality, one of which is used as the Home. Dr. Bird undertakes the medical treatment of the patients, and a trained nurse has the charge of the children. 12 beds are provided, 4 of which are set apart for patients from the Victoria Hospital for Sick Children, Gough House, Chelsea. The institution is one of the few possessing the advantages of pure air, combined with good dietary and watchful supervision. It can be visited at any time by members of the profession. In this Home non-contagious cases can be received at 7*s.* 6*d.* per week for their maintenance, and the sick children are excellently cared for in every way by the matron, Mrs. Meadows.

A Statist, (Edinburgh.)—We cannot recall the title of any work on the subject, and we do not think that any has been published.

PROFESSIONAL SUICIDE.

To the Editor of THE LANCET.

SIR,—I am glad to find such a truthful exposition of the difficulties which surround a medical practitioner, and render our profession, except in a very small proportion of its members, a non-paying one, in the letter of "A Physician Retiring," &c. I can quite endorse, and perhaps expand, his statement as to the druggists "pumping" servants as to the complaints of those for whom they bring prescriptions, and their subsequent practising on more data, and I cordially agree with his disapproval of the pernicious habit of writing prescriptions. Amongst other objections to the habit, I find that they are used indefinitely. I am frequently shown a prescription which has been written years since by "my physician in town," or the famous "Mr. So-and-so, you know," with the remark, "It doesn't seem to suit me now," because the patient is then suffering from a very different malady from that for which the prescription was written.

I began practice by prescribing only, but found that the majority of patients objected to two accounts, and did not care to pay for visits only. I next entrusted my prescriptions to a druggist to dispense; but found, to my cost, that the druggist got hold of my patients, improved on my prescriptions or repeated them, entering them in his own ledger. Subsequently I found dispensing my own medicine more satisfactory, as it pleased as well as retained my patients, made me independent of the druggist, and supplied my patients with drugs of a vastly superior quality to those obtained from the druggist, and on the action of which I could rely.

A point on which the profession is untrue to itself is in the ungenerous behaviour of consultants to their brother professionals. This is less the case with London consultants than with the hospital physicians and surgeons of provincial towns, though there are exceptions in both cases. A patient of mine whom I sent to a London physician, with a history of the case, was given a prescription containing arsenic, and told to take it for two years, writing to him if necessary. I have seen no more of my patient. In the provincial towns, with a few marked exceptions, no notice is taken of the general practitioner; but the patient either advised to come in frequently to see the consultant, or to take lodgings in the town whilst the consultant watches the case.

With such cancer as the above gnawing at the heart of the profession (when it seems the object of a consultant to cast a covert sneer at the general practitioner), showing an utter want of cohesion amongst its particles, is it likely to be a profitable profession to anyone? Is this the way the lawyers deal with one another? I trow not.

The indiscriminate abuse of medical charities, both London and provincial, is another source of loss to the profession. Instances now occur to me where private patients sent to consultants have been adopted as patients of a charity to which the consultants were attached. Two flagrant cases of this kind from my own practice are now, severally, out- and in-patients of our county hospital—people as well able to pay me as I am for the materials in which they severally deal. I remember a case early in my professional career where I found the child of the engineer of a railway, receiving a salary of £1000 a year, was the inmate of a London hospital.

In conclusion, unless medical men are true to one another, have more *esprit de corps*, and less selfishness, it will be a long time before our profession becomes one by which a man can either retire or, still less, provide for his off-spring.

I am, Sir, truly yours,
October, 1872. A CAMBRIDGE GRADUATE.

CHEMICAL APPARATUS.

Messrs. Peter Jones, Son, and Mundy (Norton Folgate) have sent us a set of chemical instruments, designed for the use of medical and other students. The set is well selected, comprising all the appliances necessary for conducting simple experiments, and appears of good quality. The price is 25*s.* a set.

J. W., (Westminster.)—The publishers are Messrs. Longman.

A HINT.

To the Editor of THE LANCET.

SIR,—One frequently sees in your columns letters from medical men seeking advice for the cure or relief of cases which appear to have resisted the ordinary remedies. One has, moreover, never seen such an appeal not well responded to, and replies, some whimsical, and some rare combinations of drugs, which, doubtless, in other cases of a like nature may have been beneficial. But, Sir, I do not remember to have seen a single instance in which a correspondent has been made aware that his prescription had had the desired effect. Advice in all cases is freely given, and the result (when successful) should be as freely communicated. Cases which have resisted the ordinary remedies are of occasional occurrence, and the remedies propounded are as curious as their action in isolated cases is instructive. I well remember the remark made to myself when a student by a very noted hospital surgeon in London upon my asking why such a very bad form of medicine was ordered to be given: "I do not know why, Sir, only that it will cure"; and cure it did.

Yours faithfully,
October, 1872. OMEGA.

A LONG CHAIN OF CAUSATION.

INSTANCES are, of course, not rare of persons more or less unwittingly running their heads against the *post hoc propter hoc* conclusion. An example of this kind of absurdity, which deserves record for its singular extravagance, occurred in the course of the meeting of the Sunderland Board of Guardians last week. A Mr. Paxton appeared before the Board to protest against his repeated prosecutions before the magistrates for refusing to have his child vaccinated. He wanted to know if it was by the desire of the Committee that he was being persecuted in that way. He had been before the magistrates that day, and paid a second fine. He was determined that no child of his should ever be vaccinated. On being desired to give some reason for his unconquerable hostility to a practice which had been proved to be so thoroughly protective against small-pox, Mr. Paxton alleged that his wife had died from erysipelas, which he had been assured was the result of the operation of vaccination performed upon her when she was young.

THYMOS had better apply to Mr. R. Kimpton, 31, Wardour-street, Soho.

RUPTURE OF THE HEART.

To the Editor of THE LANCET.

SIR,—On reading Mr. Lowe's report in your journal of October 12th of his case of Rupture of the Heart, I am induced to send you the notes of another case which occurred in my practice some time since.

Sarah F——, aged seventy-one, a short, stout woman, who had suffered occasionally from dyspeptic symptoms, was sitting in her cottage on the morning of May 6th, 1870, conversing with a neighbour. She had complained of slight but increasing shortness of breath on any exertion, and as my assistant happened to pass at the time, she expressed a wish to see him. Refusing the offer of her neighbour, she herself walked hurriedly down the garden-path and across the road to stop him. He accompanied her indoors, where she at once sat down and began to describe her symptoms, when suddenly she ceased talking, made one or two convulsive efforts to breathe, and fell back dead.

On the following morning we made a post-mortem examination of the body. It was fat and well nourished, the breasts being more like those of a young person. The limbs were perfectly rigid. Pericardium much distended, and, when opened, was found to contain a large mass of clotted blood, completely surrounding the heart. In the wall of the left ventricle there was a rupture about an inch in length, from which a clot was protruding. The rupture ran parallel with the sulcus. The heart was loaded with fat; the walls of the ventricles were thinner than natural, particularly in the neighbourhood of the rupture, and their muscular structure was pale and flabby, and evidently undergoing fatty degeneration. The right ventricle was empty; the left contained some clot. The rupture was nearly equal in extent inside and out. It was found to run somewhat in a slanting direction through the muscular structure of the ventricle. There was no particular bulging that we could detect in the situation of the rupture, and its edges were tolerably clean. The valves of the heart were normal. Lungs healthy, but congested. Liver and kidneys fatty. We did not examine the head.

In this case (which resembles Mr. Lowe's only in the fact of the patient being of the female sex, and the rupture in the left ventricle) the cause of death was clearly excitement. The patient's haste and anxiety to catch my assistant before he passed, and the actual exertion of stopping him, were too much for a heart already enfeebled by fatty degeneration. The weakest portion gave way at the moment when circulation was especially hurried, and death was instantaneous. I have often questioned whether, if all cases of sudden death vaguely certified as from "heart disease" were examined, we should not find rupture of that organ a more common occurrence than it is at present believed to be. Yours truly,

Thaxted, Essex, October, 1872. GEO. S. WATSON, M.R.C.S.

DISINFECTING CHAMBER FOR LAMBETH.

BETWEEN two stools—the Board of Guardians and the vestry—projects for establishing a proper disinfecting chamber for the large parish of Lambeth have hitherto fallen to the ground. At length the guardians, much to their credit, have decided upon erecting a Fraser's patent brick chamber adjacent to the workhouse buildings, near Lower Kennington-lane, and providing an iron carriage for the conveyance of infected articles; both chamber and carriage being intended not merely for use by the officers of the guardians, but by the vestry and parish generally. The wish expressed by the guardians to work for the good of the parish and to assist the vestry out of a difficulty will, we trust, be reciprocated as it deserves.

A Singular Deliverance.—It is simply absurd to suppose that the symptoms described could have had any connexion with the alleged occurrence.

HYDROPHOBIA AMONG CHILDREN.

To the Editor of THE LANCET.

SIR,—A correspondent of yours, writing on a case of hydrophobia in the last number of THE LANCET, makes the astounding assertion that the disease is "unknown among children"; and under the head of "treatment" in his concluding paragraph states "that it is still to be shown whether hydrophobia is at all influenced by the administration of chloral hydrate." Now, with regard to the former point, will you allow me to refer him to various writers, such as Sir Thomas Watson, Sir James Bardsley, Dr. Aitken, and others, who distinctly say that no age is exempt from the disease, and that even infants at the breast have been known to suffer from it. So far, too, as my humble experience goes, I am in a position to bear out these eminent writers; for eighteen months since I had two cases, occurring in a boy and girl of the respective ages of seven and five. These were published in your journal. With respect to the influence of chloral hydrate in controlling the disease, I affirm positively and unhesitatingly that in these unfortunate children the violence of the symptoms was very considerably mitigated by its administration, and much suffering spared, although, like all other means, it was quite ineffectual in the way of cure.

I am, Sir, yours faithfully,

Doncaster, Oct. 29th, 1872. HENRY W. T. EDIS, L.R.C.P. Ed., &c.

POOR-LAW MEDICAL OFFICERS AND SCHOOL BOARDS.

ONE of the medical officers of the St. Saviour's Union has preferred a claim to the guardians for remuneration for examining children taken by the officers of the London School Board before the magistrate, and by that functionary sent to the workhouse. The medical officer considers himself justified in making this claim, inasmuch as he believes that the Local Government Board have sanctioned the payment of a fee for such examination; and he has informed the guardians that, as they have refused to recompense him for what he justly regards as an extra duty, he will in future decline to perform it. We are under the impression that the Local Government Board have allowed a fee of something like 2*s.* 6*d.* for these School-Board examinations, though we cannot just now call to mind the particular instance of the kind which came under our notice.

Madame Marie Bréhan, (Paris.)—Of the five questions put to us, we can say as to the first three that all depends on the nature, physical and moral, of the child. The brownish cod-liver oil, so purified as not to lose its virtues, is, we think, preferable; while baths, alternately cold and tepid, are better than an unvaried series of one or other.

Drs. Wilhelm Roth and Rudolf Lux.—The receipt of the Handbook, with our correspondents' accompanying communication, is acknowledged with thanks.

SHORTENING OF THE SECOND STAGE OF LABOUR.

To the Editor of THE LANCET.

SIR,—I think that the members of our profession—at least those of them engaged in obstetric practice—are much indebted to you for your article of Saturday last on Puerperal Mortality, more particularly that part of it where you strongly commend the abbreviation of the second stage of labour. I believe that the great majority of practitioners of midwifery will heartily endorse your statement that "the timely use of the forceps, shortening the second stage of labour, is the great practical improvement in recent midwifery." I, for one, have long held and advocated a similar opinion; and although the text-books in general failed to inculcate it—nay, in not a few cases virtually condemned it by upholding the harmlessness of even extreme delay, I believe a great many gentlemen like Mr. Rigden, such as Dr. Hamilton of Falkirk, and Dr. Lawrence of Montrose, &c., both believed firmly in it, carried it out in practice, and ably supported it in the journals. This was all the more creditable to them, seeing that they were educated in the school that denounced interference as cruelty, if not a crime, and lauded patience as the highest virtue. I do not wish to arrogate to myself any credit in this matter; but I may perhaps be excused for remarking that I was among the first to give the doctrine of early interference in the second stage the explicitness, emphasis, and prominence which it merits—in the British text-book, I mean (see Principles and Practice of Midwifery, &c., p. 223). For this I am happy to say I have been thanked by many members of the profession personally unknown to me, only a very few having demurred to the view I have advocated—viz., that the second stage should not be allowed to exceed one or two hours.

With your powerful backing, Mr. Editor, I trust that one of the most salutary and conservative doctrines in midwifery will be still more widely held and acted on; and sure I am, if this should happily be the case, puerperal mortality will not only be lessened, but infantile life greatly conserved.

I am, Sir, your obedient servant,

Edinburgh, Oct. 29th, 1872. ALEXANDER MILNE, M.D.

CASUALTIES AT SEA AND LIFE-BOAT SERVICES.

THE Wreck Register for 1871, just published, gives 1575 as the number of wrecks, collisions, and casualties from all causes on and near the coasts of the United Kingdom and in the surrounding seas, being 73 more than the number reported in 1870, and less than that reported in any year, with the exception of 1870, since 1864, and 230 below the average of the last five years. The number of lives saved by the efforts of the Life-boat Institution was last year 882. Of this number, 658 were taken off the sinking vessels in the Society's boats, and 224 were saved by shore and fishing boats and other private means. The cost of the rewards given by the Society to persons who had succeeded in saving life from shipwreck was £2302 5*s.* 11*d.*

VACCINE DIRECT FROM THE COW.

A CORRESPONDENT wishes to ascertain where he can procure some vaccine direct from the cow.

Mr. Henry B. Clark, (Castledawson, Ireland.)—We know nothing of the gentleman referred to beyond the fact of the advertisement which appeared in our columns.

X. Y. Z.—Application should be made to the Board of Trade, Whitehall-gardens, S.W. The duties of the post are not defined at present.

THE TREATMENT OF BITES FROM RABID ANIMALS.

To the Editor of THE LANCET.

SIR,—There is a great deal written and spoken at present about hydrophobia and the treatment of wounds from venomous and rabid animals; and I would like to call the attention of the profession to a letter in *The Times* of Saturday, October 19th, on this subject, written by Mr. T. Skinner, late Commissioner of Public Works, Ceylon. Mr. Skinner's letter has reference only to snake-bites; but the treatment he recommends is, I think, admirably suited to bites from rabid animals generally. His plan is to cauterise the punctures with his knife, heaping a charge of gunpowder on the wound, and blowing it up. There are three things to be done in a case seen shortly after the bite of a rabid animal.

1st. If possible place a tight ligature between the part bitten and the heart.

2nd. Apply suction.

3rd. Incise the part freely, and follow Mr. Skinner's directions with regard to blowing it up with gunpowder.

If this plan were followed more frequently there would be fewer deaths from hydrophobia. Your obedient servant,

Edinburgh, October 26th, 1872. FRANCIS CADELL, F.R.C.S. Ed.

THE CHILDREN'S HOSPITAL, MANCHESTER.

In last week's *Builder* is an elevation, with an explanatory ground plan, of a new Hospital for Sick Children, in course of erection at Pendlebury, four miles west of Manchester, which promises to be a model of its kind. It will be on the pavilion system, but will differ from other exemplars of that system by being restricted, except as regards the administrative block, to one story only. The pavilions will be 100 feet apart, and upwards of 1600 cubic feet of air space will be allowed for each patient. The hospital, when completed, will accommodate 170 patients, and its situation and the perfection of its internal arrangements will, no doubt, render it in every way an agreeable change to its future occupants from their present quarters in Bridge-street, Manchester.

A Young Practitioner cannot do better than consult Dr. Eustace Smith's volume on the Wasting Diseases of Childhood.

Mr. Walter C. O'Brien is thanked for his communication; but we do not require the proffered aid.

Visitor.—The half of our correspondent's letter is irrelevant to the sanitary condition of Jersey.

Phthisis is recommended to apply to the Colonial Office. New Zealand or Australia would, we think, prove a satisfactory field.

DR. DOMETT STONE, F.R.C.S.

MEDICAL HONOUR.—DR. W. DOMETT STONE, F.R.C.S.—We gather from *The Times* of the 15th instant that the Council of the College of Physicians of Sweden has conferred the membership of that institution on Dr. William Domett Stone, F.R.C.S. (exam.), of Oxford-terrace, Hyde-park, for the valuable services he rendered some five or six years since in instituting an inquiry into the hygienic condition of the mercantile navies of Great Britain, Sweden, Russia, the United States, &c. It may be remembered that the results of Dr. Stone's observations were published in *The Times*, occupying several columns of the "leading journal," and calling forth two leading articles in that journal, besides numerous "leaders" and annotations in other metropolitan and provincial daily and weekly publications. The *British Medical Journal*, in commenting at the time upon Dr. Stone's labours, remarked: "The services which Dr. Stone has rendered are conspicuous and considerable, and both by their time and place have given a great impulse to the question; they deserve the fullest recognition, which we are happy to accord to them." Dr. Stone is also known as the editor of the *Half Yearly Abstract of the Medical Sciences*, a work which has been before the profession for upwards of 27 years, and which has acquired the highest reputation for the ability and industry with which the essence of medical literature is condensed into its pages. In 1865, when THE LANCET appointed a commission for investigating the state of the infirmaries of workhouses, Dr. Stone contributed letters to *The Times* and other journals on the social status of the workhouse masters; in one he called attention to the great fact that, as a rule, the education and general social status of the masters of workhouses are below what the official position in which they are placed ought to demand. He urged that an alteration of the standard of requirements for the posts of master and matron should be the first step in workhouse reform. The *Medical Times and Gazette*, in noticing these papers, remarked, "until something is done to produce a better class of masters than the present, it is idle to think of completely preventing such abuses as these recently disclosed. So thinks Dr. Stone, and he has supported his opinions with a good deal of sound argument and apt illustration." From the above it will be seen that the distinguished honour just conferred on Dr. Domett Stone by the Society of Physicians of Sweden is one richly merited. Subjoined is a copy of the original diploma:—

Societas Medicorum Svecana
In mutuam perfectionem
Et Artis Salutaris incrementum
Ejusdem plurium viribus potius sperandum
Instituta
Non modo civium
Sed exterorum quoque ejusdem artis cultorum
Doctrina et experientia clarorum
Operam et industriam
Sibi suaeque Scientiæ emolumento
Vertere discupiens
Hos inter
Virum celeberrimum
DOMINUM WILLIAM DOMETT STONE
Doctorem Medicinæ
Socium sibi optat
Cujus rei indicio erit hoc Diploma.
Datum Holmiæ die XXI Maji MDCCCLXXII
Nomine Societatis.

Reprinted from the "Wiltshire Independent" of August 22nd, 1872.

A copy of the above has been placed in our hands as reprinted in the form of a small handbill. Surely Dr. Stone cannot sanction its circulation.

Mr. George Crompton (Salford) is thanked for his communication. We fear, however, the expectations held out by him have not been borne out by experience. Mercury to salivation has been tried, and ineffectually.

A CORRESPONDENT, desirous of practising his profession (medical) in America, would be glad to obtain some advice as to whether he should select the Northern or the Southern States for that purpose, and he is likewise desirous of obtaining generally any further information on the subject.

An Old Subscriber.—It is impossible to advise as to the course to be pursued without seeing the patient, or being furnished with the fullest particulars of the case.

Mr. J. Murphy and *Pollex.*—We presume that an application should, in the first instance, be addressed to the Board of Trade.

An Old Assistant cannot do better than provide himself with the last edition of Erichsen's Surgery.

X. Y. Z., (Norwich.)—The publishers are Messrs. Churchill, New Burlington-street.

Dean Keating (Limerick) is thanked for his communication.

Mr. Henry E. Armstrong, (Newcastle-on-Tyne.)—We are unable, from want of space, always to give insertion to the Transactions of Provincial Medical Societies; but we endeavour to publish any abstracts containing matters of interest; and if our correspondent will forward abstracts of the proceedings of the Society alluded to, they will receive full consideration, and insertion whenever practicable.

THE PITCHERS OF NEPENTHES.

To the Editor of THE LANCET.

SIR,—As an old student of "pitchers," I am interested in your *résumé* of M. Faivre's researches upon the pitchers of Nepenthes (*vide* THE LANCET Oct. 12th, p. 540). So far as I know, there are very good reasons for regarding the pitcher as a leaf the edges of which are rolled inwards, if we consider the histology of the pitcher only; and I am, upon the whole, disposed to accept M. Faivre's account of it rather than those more commonly held—viz., that the pitcher is a modified phyllode, or a hollowed-out leaf. M. Faivre's description of the interior of the pitcher, as given in your *résumé*, is very meagre. It is true that the "inner surface of the pitcher is lined by a layer of polygonal cells," but that by no means expresses the unique character of this inner surface. The lowest portion of the inner surface is partially covered with semi-sessile glands, multicellular, and containing a yellow waxy substance. A little higher in the pitcher these glands are sessile in a shallow depression. Still nearer the top the depression is deeper; and quite near the top (say the upper third) the glands are situate in a kind of inverted watch-pocket, or, more correctly, beneath an eave or hood, of which the marginal cells in N. distillatoria contain a quantity of crimson chromule, and form a pretty and interesting opaque microscopic object. The outer surface of the pitcher is partially covered with stellate hairs and stipitate glands.

Yours faithfully,
Hull, October, 1872. HENRY POCKLINGTON.

A CORRECTION.

THE number of new entries at the Newcastle-on-Tyne School of Medicine (published in our issue of Oct. 19th, p. 568) was given as 57. It should have been 13.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Parkes; Mr. T. Holmes; Dr. Playfair; Mr. Teevan; Mr. Norton; Dr. C. Delvaille, Bayonne; Dr. Duncan, Edinburgh; Mr. Gale; Dr. Davis; Dr. J. R. Reid; Mr. Callington; Mr. Melladew, Burnley; Dr. Mackenzie, Sydney, N.S.W.; Mr. Wilson, Shanghae; Mr. Cadell, Edinburgh; Dr. Dickson, Corbar; Dr. Gowan, Maghera; Mr. Rye, Sydenham; Mr. S. W. Curran, Mansfield; Mr. Taylor, Sheffield; Dr. Burman, Wakefield; Mr. Morris, Hereford; Dr. Deane, St. Ives; Mr. W. Draper, York; Mr. Barton; Mr. Thornton; Mr. Davis; Mr. T. Watson; Mr. G. Manley, Free Town, Sierra Leone; Dr. Maurice, Caen; Mr. Lemon; Mr. Higgins, Coleford; Mr. E. Locking, Coventry; Dr. Toyne, Bradford; Mr. Tyler, Ware; Mr. Robertson, Edinburgh; Dr. Cooke; Mr. Redford, Chatham; Mr. Preston, East Grinstead; Dean Keating, Limerick; Mr. Macartney, Colchester; Mr. Craven, Leith; Mr. Bryan, Coleford; Mr. Revenhall, Buxton; Mr. Shirtliff, Kingston-on-Thames; Mr. Hinton, Oxford; Mr. Paterson, Everton; Mr. Lawson Tait, Birmingham; Dr. Felce; Mr. Longfield; Mr. Herbert, Billingshurst; Mr. Newton; Dr. Davy, Terenure; Mr. Howell, Conway; Mr. Thompson, Omagh; Mr. Spicer, Leicester; Mr. H. Gorton; Dr. A. Milne, Edinburgh; Mr. Crighton; Mr. H. E. Armstrong, Newcastle; Mr. J. Jones, Barton; Mr. W. Eyre, Bristol; Mr. J. Wilkinson; Mr. Thurman, Kingston; Mr. T. Manby, Manchester; Mr. Armstrong, Newcastle; Mr. Blackett; Mr. Edis, Doncaster; Mr. Reeves; Mr. Scott, Montego Bay; Mr. de Trevor, Montego Bay; Dr. Lovell; Dr. Eastwood, Darlington; Mr. R. Powell; Mr. Fowler, Cirencester; Dr. Macpherson; Mr. Murphy; Dr. Cheese, Newport, Mon.; Dr. Allbutt, Leeds; Mr. Lloyd, Bath; Mr. Gurnell; Mr. Morgan; Mr. Barnes; Mr. J. Lawton, Barnstaple; Mr. Howen; Madame Bréban, Paris; Mr. J. M. Marshall; Mr. Ovens, Manchester; Dr. Bodman, Devizes; Mr. D'Almaine; Mr. Edmond; Mr. Pocklington; Mr. G. Watson, Thaxted; Dr. Maunsell; Mr. Griffith; Dr. Rattray, Dartmouth; Dr. Joyce; Dr. Lister, Ashton; Mr. Haydon; Mr. O'Leary; Dr. Downes, Tiverton; Mr. Fox; Dr. Smith, Liverpool; Mr. Campbell, Manchester; Dr. Croft; Mr. Willis; M.R.C.P.; A Cambridge Graduate; Enquirens; Omega; A Subscriber; The Inspector-General of Customs; Student; Medicus, Barnstaple; A General Practitioner; Alpha; &c. &c.

Norwich Daily Express, Hexham Courant, Loose Leaves, North China Daily News, Railway Service Gazette, Retford News, Local Government Chronicle, Annales de Dermatologie, Mansfield Advertiser, Sunderland Times, Huddersfield Chronicle, Downpatrick Recorder, Manchester Evening News, Midland Counties Herald, Cincinnati Journal and Messenger, Dundee Argus, and *Chester-le-Street Times* have been received.

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